Health Care Financing Program Statistics

Medicare: Participating Health Facilities, 1974 - 1979

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Health Care Financing Program Statistics

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Medicare: Participating Health Facilities, 1974 - 1979

Prepared by Martin Ruther

Published by
Health Care Financing Administration
Office of Research and Demonstrations

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Introduction

This report presents data on the number and characteristics of the four major kinds of institutional providers and suppliers of services under Medicare during 1979: hospitals, skilled nursing facilities (SNFs), home health agencies (HHAs), and independent laboratories. The report emphasizes changes in numbers of providers, types of services, and types of personnel between 1974 (USGPO, 1976), the last year for which similar data were published, and 1979.

The remaining sections of the Introduction briefly describe the certification process and the sources of the data used for this report. The Introduction concludes with a summary of the salient findings of this report. Part II presents and discusses the data on the institutional providers participating under the Medicare program. Particular emphasis is placed on describing the significant changes between 1974 and 1979 in the number of providers, types of services furnished, geographic distribution, and types of personnel. Part III presents appendices which describe the criteria for certification as a participating provider, the certification process, the sources of the data, the provisions of the law concerning the benefits furnished to enrollees, and the administration of the program. Definitions of key terms are also provided.

The Certification Process

Institutional providers of services (hospitals, SNFs, HHAs, and independent laboratories) participate in the Medicare and Medicaid programs through a formal certification procedure which examines the institutions' qualifications for furnishing safe and effective care for the beneficiaries of the two programs. State agencies conduct the certification procedure under guidelines and with final approval determined by the regional offices of the Health Care Financing Administration (HCFA). After the initial certification, the States periodically review the qualifications of institutions.

State agency surveyors record their observations and decisions concerning the providers' capability of giving acceptable care, as well as such characteristics as staffing, bed size, and services furnished, in a standard forms package. The package consists of three documents: 1) the institution's application form (each type of provider has a separate version of the application form); 2) the survey report form (containing the criteria and the decisions of the surveyor in applying the criteria to a particular institution); and 3) the certification and transmittal (which renders the decision from the survey by the State agency and the appropriate HCFA regional office). (See Appendix B, The Certification Process, for copies of the application forms and the certification and transmittal form.) The information from these forms is maintained in a central Medicare/Medicaid Automated Certification System file.

Sources of the Data

The provider data presented in this report were obtained from the Medicare/Medicaid Automated Certification System (MMACS). MMACS contains data from application forms of providers wishing to participate in the Medicare and/or Medicaid programs and certification and transmittal forms completed by State agencies and HCFA regional offices. These data are compiled to obtain a Provider of Services (POS) master file. The data from the POS file were used to produce the tables presented in this report. This report was based on data recorded as of July 1980. (See Appendix C, Sources of Data.)

Highlights of the Report

General Summary

The period 1974 to 1979 saw further increases in the medical care resources available to Medicare beneficiaries. Though the number of short-stay hospitals decreased slightly, the number of short-stay hospital beds increased by 9 percent. This increased the number of larger hospitals across the country. In addition to growing in size, short-stay hospitals increased the range and complexity of services they could provide. The number of beds available in long-stay hospitals decreased by one-third, and tuberculosis hospitals continued to close.

Skilled nursing facilities, reflecting the impact of the 1972 Amendments to the Social Security Act (P.L. 92-603) increased in numbers and size. The conditions of participation for SNFs under Medicare and Medicaid were made uniform, and this gave rise to facilities that could use beds for either skilled or intermediate care.

The number of home health agencies increased by 28 percent. Though government-controlled HHAs are the most common, private non-profit or proprietary HHAs accounted for most of the increase.

The number of independent laboratories increased by 15 percent.

Distribution of Reimbursements to Providers, 1979

The relative importance of the major institutional providers is shown by the following table, which distributes Medicare reimbursements to institutional providers during 1979 (Current Utilization Series).

TABLE A

Distribution of Medicare Reimbursements by Type of Providers, 1979 [1]

Providers of Service	Percent Distribution
Total	100.0
Short-Stay Hospital	94.0
Long-Stay Hospital	1.2
Skilled Nursing Facility	1.6
Home Health Agency	2.7
Independent Laboratory	0.5

[1] This tabulation excludes reimbursements to physicians and outpatient facilities. Outpatient facilities include hospital outpatient departments, limited care facilities providing renal dialysis services to persons with end-stage renal disease, rural health clinics, and comprehensive health centers. If these reimbursements were counted, the proportion of Medicare reimbursements paid to short-stay hospitals would increase further.

As shown in the table, short-stay hospitals were the most important providers of services, accounting for 94 percent of total Medicare reimbursements in 1979.

Short-Stay Hospitals, 1974-1979

NUMBER OF PARTICIPATING FACILITIES AND BEDS

Though the number of short-stay hospitals participating in Medicare decreased between 1974 and 1979, the size of these hospitals increased.[1] The number of participating short-stay hospitals decreased from 6,257 in 1974 to 6,190 in 1979. However, the number of beds increased from 912,700 to 998,800, up 86,100, or 9.4 percent.[2] As a result, beds per hospital increased from 146 to 161 (10.3 percent). Beds per 1,000 U.S. population increased 5 percent between 1974 and 1979, from 4.3 to 4.5.

Between 1974 and 1979, most census divisions showed a decrease in the number of short-stay hospitals with less than 200 beds. All census divisions showed increases in the number of hospitals with 200 beds or more.

[1] The American Hospital Association (AHA) reported that U.S. community hospitals decreased from 5,875 in 1974 to 5,842 in 1979 and 5,830 in 1980. (See *Hospitals Statistics, 1981 Edition,* AHA, Chicago. Illinois.) The AHA conducts a voluntary annual mail survey of all AHA registered hospitals. Most of these community hospitals participate in Medicare. The response rate for major items in this survey ranged from 71 percent to 95 percent. AHA "does not assume responsibility for accuracy of information voluntarily reported . . ." and the "data is not an official or all inclusive list of services," offered by hospital respondents. AHA makes some estimates for non-respondents, and data are subject to revisions.

[2] The AHA reported that the number of beds in U.S. community hospitals increased from 926,000 in 1974 to 984,000 in 1979.

PROFESSIONAL PERSONNEL, 1979

There were wide variations among census divisions in the number of professional and technical employees per 1,000 total population in short-stay hospitals.

- Registered professional nurses ranged from 3.1 per 1,000 population in New England to 1.9 per 1,000 in the West Central States.
- Licensed practical nurses ranged from 1.3 per 1,000 population in the East South Central States to 0.7 per 1,000 in the Pacific States.
- The comparable ratio for hospital resident physicians varied from 0.6 in the Middle Atlantic States to 0.2 in the Mountain States.

TYPES OF FACILITIES AND SERVICES, 1974-1979

The number of services furnished by short-stay hospitals increased substantially between 1974 and 1979.

- Of the 24 types of services for which data for 1974 and 1979 were available, there were increases in the number of hospitals providing 20 types of services.
- Of these 24 types of services, the average number provided by hospitals increased from 13.0 in 1974 to 15.1 in 1979.
- The increase in the number of services provided by short-stay hospitals contributed to increased Medicare reimbursements by increasing the intensity of services furnished to patients.
- Between 1971 and 1979, charges for ancillary services provided to the aged increased from 40 percent to 51 percent of total charges.

There was a very uneven geographic distribution in the availability of facilities (departments within hospitals) and services. The hospitals in the Middle Atlantic States tended to rank high in the number of facilities and services provided. Hospitals in the East South Central States tended to rank low in the number of facilities and services provided.

Long-Stay Hospitals, 1974-1979

Although the number of Medicare long-stay hospitals increased slightly, the number of beds decreased sharply. Long-stay hospitals increased from 700 in 1974 to 704 in 1979, but long-stay beds decreased from 247,200 to 165,700, a 33 percent decrease. The average number of beds per long-stay hospital decreased from 353 to 235.

- Psychiatric hospitals (136,400 beds) accounted for 82 percent of the long-stay hospital beds in 1979.
- Tuberculosis hospitals are disappearing: there were 59 in 1974 and 15 in 1979, the total number of beds fell from 10,200 to 1,700, and the average number of beds per hospital went from 173 to 113.

NUMBER OF FACILITIES AND BEDS

Skilled nursing facilities (SNFs) increased in numbers and size between 1974 and 1979.

- The number of SNFs increased by 21 percent, from 4,323 to 5,213. The number of SNF beds increased 36 percent, from 330,000 to 446,000. SNF beds per 1,000 hospital insurance (HI) enrollees increased from 14 to 17, a 21 percent increase. The median number of SNF beds per facility increased from 63 to 72.
- The ratio of certified short-stay hospital beds to certified SNF beds declined 21 percent, from 2.8 in 1974 to 2.2 in 1979.
- There were increases in the number of SNFs in every census division except in the West South Central and Pacific census divisions.
- SNF beds per facility increased in every geographic division but New England between 1974 and 1979. The average number ranged from 124 in the Middle Atlantic States to 58 in the East South Central States.

The 1972 Amendments to the Social Security Act (P.L. 92-603) significantly affected the number and distribution of different types of SNFs. Facilities could now provide care to Medicare and Medicaid patients under uniform standards.

A new type of facility, SNF-ICF, could use beds for either skilled nursing or intermediate care (a Medicaid benefit). SNF-ICFs numbered 1,223 in 1979. There were none in 1974.

PROFESSIONAL PERSONNEL

Between 1974 and 1979, the number of nurses employed by SNFs kept pace with the increase in the number of beds. SNF beds per full-time equivalent registered professional nurse, 12.8, and per licensed practical nurse, 13.3, were about the same in 1974 and 1979.

There were large geographic differences in the distribution of nurses. SNF beds per registered professional nurse in 1979 ranged from 6.7 in New England to 20.2 in the Pacific States. SNF beds per licensed practical nurse ranged in 1979 from 8.2 in the East South Central States to 16.8 in the Pacific States.

Home Health Agencies, 1974-1979

NUMBER OF AGENCIES

The number of HHAs increased by 28 percent, from 2,329 in 1974 to 2,973 in 1979. The increase was mainly among private non-profit and proprietary home health agencies. These two types of agencies, plus a small group of HHAs classified as "all other," increased from 178 to 719 between 1974 and 1979 and accounted for about 84 percent of the increase in the number of HHAs during this period.

The range of services offered by HHAs increased between 1974 and 1979. There were increases in every census division in the number of agencies offering six services, in addition to nursing care, covered under the HHA benefit. The six services are physical therapy, occupational therapy, speech therapy, medical social work, home health aide, and appliances and equipment. To participate in Medicare, HHAs must offer skilled nursing care and at least one of the six services.

PROFESSIONAL PERSONNEL

The number of full-time equivalent nurses employed by HHAs increased by 33.1 percent, from 17,070 in 1974 to 22,714 in 1979. This increase reduced the number of Medicare enrollees per nurse from 1,392 to 1,201 in the same period.

Independent Laboratories, 1974-1979

The number of independent laboratories, rose from 3,194 in 1974 to 3,678 in 1979, a 15 percent increase.

Number and Characteristics of Participating Providers, 1974-1979

This section provides detailed text and tables on the major providers of services: hospitals (both long-stay and short-stay), skilled nursing facilities, home health agencies. and independent laboratories. The focus is on the changes that have taken place between 1974, the last year for which detailed data on participating providers were published, and 1979.

As noted earlier, short-stay hospitals accounted for 94 percent of Medicare reimbursements to providers. They are consequently described in greater detail than any other provider.

The report next summarizes changes for the total number of certified hospitals, total number of beds, and average bed size between 1974 and 1979. Changes in these three hospital measures and in types of hospital control are then presented by short-stay and long-stay hospital. The remainder of the hospital section analyzes short-stay hospital characteristics, including geographic distribution, professional personnel, and facilities and services.

Participating Hospitals, 1974-1979

Number of Facilities and Beds

The total number of participating hospitals decreased by 0.9 percent, to 6,894 in 1979, 63 less than in 1974 (Table B). Hospital beds numbered 1,164,500 in 1979, an increase of 4,600 beds or 0.4 percent between 1974 and 1979. Average number of beds per hospital rose 1.2 percent in the same period, from 167 to 169.

TABLE B

Number and Percent Change of Participating Hospitals and Beds, 1974 and 1979

Type of Hospital	Hospitals			Beds (in thousands)			Beds per Facility		
	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change
All Hospitals	6,957	6,894	– 0.9	1,159.9	1,164.5	0.4	167	169	1.2
Short-Stay	6,257	6,190	– 1.1	912.7	998.8	9.4	146	161	10.3
Long-Stay	700	704	6	247.2	165.7	–33.0	353	235	–33.4
Tuberculosis	59	15	–74.6	10.2	1.7	–83.3	173	113	–34.7
Psychiatric	392	427	8.9	202.6	136.4	–32.7	517	319	–38.3
Other	249	262	5.2	34.3	27.6	–19.5	138	105	–23.9

Although the number of short-stay hospitals fell by 1 percent to 6,190 in 1979, 67 less than in 1974, the number of short-stay hospital beds increased 9.4 percent to 998,800 in 1979, 86,100 more than in 1974, (Table B). Beds per short-stay hospital increased from 146 to 161 between 1974 and 1979, an increase of 10.3 percent.

Long-stay hospitals increased from 700 to 704 in the same period. Of these hospitals, psychiatric hospitals increased from 392 to 427 between 1974 and 1979. The increase was largely due to alcoholism and drug detoxification rehabilitation hospitals which are classified as psychiatric hospitals. Other long-stay hospitals increased from 249 to 262. Tuberculosis hospitals decreased from 59 to 15 in the same period.

There were sizeable decreases in the number of beds in each of the three types of long-stay hospitals. The overall decerase in long-stay beds was 33 percent, from 247,200 to 165,700 between 1974 and 1979. Beds in tuberculosis hospitals fell from 10,200 to 1,700, psychiatric beds decreased from 202,600 to 136,400, and other long-stay hospital beds decreased from 34,300 to 27,600. Beds per long-stay hospital also fell for each of the three types of hospitals. Beds per tuberculosis hospital fell from 173 to 113 between 1974 and 1979, beds per psychiatric hospital decreased from 517 to 319, and, in other long-stay hospitals, the average number of beds declined from 138 to 105. The decline in the number of tuberculosis beds reflects a decrease in the incidence of the disease. The decline in long-stay psychiatric beds reflects, in part, the shift of psychiatric care from long-term to short-term hospitals and from inpatient to outpatient care.

Type of Control

The number of voluntary hospitals decreased 2 percent, from 3,470 to 3,419, between 1974 and 1979, and proprietary hospitals decreased 7 percent, from 868 to 810. State hospitals increased 6 percent, from 220 to 233, and local hospitals increased 2 percent, from 1,699 to 1,728 (Table C). Despite the decrease in the number of voluntary hospitals, they remained at 55 percent of all certified short-stay hospitals.

All four types of short-stay hospitals showed increases in the number of beds in the period. The number of beds in voluntary hospitals increased from 621,000 to 683,000, a 10 percent increase. Proprietary hospital beds increased from 83,500 to 95,300 (14 percent) between 1974 and 1979. State government hospital beds increased from 40,500 to 41,800 (3 percent), and local government hospital beds were up from 168,100 to 178,800 (6 percent) in the same period.

Beds per short-stay hospital increased 10.3 percent, from 146 to 161 between 1974 and 1979. Beds per voluntary hospital increased from 179 to 200, beds per proprietary hospital rose from 96 to 118, and beds per local hospital increased from 99 to 103. Beds per State hospital declined from 184 to 179.

The slight increase in the number of long-stay hospitals between 1974 and 1979 was the result of an increase of 48 voluntary and proprietary hospitals which offset a decrease of 44 State and local hospitals. The decrease in the number of long-stay beds in the same period was due to large decreases in the number of beds in State and local hospitals; in contrast, there were small increases in the number of beds in voluntary and proprietary hospitals.

Beds per long-stay hospital fell from 353 to 235 between 1974 and 1979. There were decreases in beds per voluntary hospital, from 100 to 88, in beds per State hospital, 703 to 481, and in beds per local hospital, 176 to 120, in the same period. Only beds per proprietary hospital increased, from 77 to 88.

Short-Stay Hospitals, 1974-1979

This section presents data on the distribution of short-stay hospitals, beds, personnel, and facilities and services by size and control of hospital and by geographic location.

TABLE C

Number of Participating Hospitals and Number of Beds by Type of Control, 1974 and 1979

Type of Control	Short-Stay Hospitals			Long-Stay Hospitals		
	1974	1979	Percent Change	1974	1979	Percent Change
	Number of Hospitals					
All Areas	6,257	6,190	− 1.1	700	704	0.6
Voluntary	3,470	3,419	− 1.5	197	232	17.8
Proprietary	868	810	− 6.7	104	117	12.5
State [1]	220	233	5.9	283	256	− 9.5
Local	1,699	1,728	1.7	116	99	−14.7
	Number of Beds					
All Areas	912,731	998,811	9.4	247,162	165,656	−33.0
Voluntary	620,661	682,974	10.0	19,787	20,392	3.1
Proprietary	83,476	95,266	14.1	7,989	10,320	29.2
State [1]	40,525	41,788	3.1	198,915	123,070	−38.1
Local	168,069	178,783	6.4	20,471	11,874	−42.0
	Beds per Facility					
All Areas	146	161	10.3	353	235	−33.4
Voluntary	179	200	11.7	100	88	−12.0
Proprietary	96	118	22.9	77	88	14.3
State [1]	184	179	− 2.7	703	481	−31.6
Local	99	103	4.0	176	120	−31.8

[1] Includes a small number of Federal hospitals certified as community hospitals.

Distribution by Bed Size and Control

The slight decrease in the total number of short-stay hospitals between 1974 and 1979 was accompanied by a shift in the distribution of hospitals by bed size. The number of hospitals with less than 200 beds decreased from 4,771 to 4,467 between 1974 and 1979, and 202 of these were voluntary hospitals (Table D). The number of short-stay hospitals with 200 or more beds increased from 1,486 to 1,723, and 151 of these (64 percent) were also voluntary hospitals. The increases ranged from 9 percent for hospitals with 200 to 250 beds to 32 percent for hospitals with 500 to 750 beds. Hospitals with 500 or more beds increased from 3.9 to 5.2 percent of all short-stay hospitals. The decrease in the number of voluntary hospitals of less than 200 beds probably reflects the increasing bed size of existing small hospitals and hospital mergers resulting in larger hospitals, rather than the closing of small hospitals.

Proprietary hospitals had the largest percentage increase in hospitals with 200 or more beds, from 89 to 143 hospitals, or 61 percent between 1974 and 1979. The median size of proprietary hospitals jumped 22 percent between 1974 (77 beds) and 1979 (94 beds). Median bed size for all short-stay hospitals rose from 91 beds to 98 beds, or 8 percent in the same period.

Distribution by Bed Size and Census Division

There were increases in the number of short-stay hospitals with 250 through 499 beds in every census division except New England between 1974 and 1979 (Table E). The largest percentage increases in these hospitals were in the South Atlantic States, 35 percent, and the West South Central States, 32 percent. Among hospitals with 500 or more beds, every census division registered increases. The largest increases were in the Mountain States, 67 percent, and the East North Central States, 41 percent.

Most of the decline in number of hospitals was among those with under 100 beds. Every census division registered a decrease in the number of these hospitals except in the Mountain States. As suggested previously, the decrease in number of small hospitals probably represents increased size of existing hospitals or mergers with other hospitals to create larger facilities.

Among participating short-stay hospitals nationwide, beds per 1,000 were up 4.7 percent between 1974 and 1979, from 4.3 to 4.5 per 1,000 population. During this period, there were increases in the ratio of short-stay hospital beds to population in every division except in the West. The largest increase was in the South Atlantic States, 9.5 percent, from 4.2 per 1,000

TABLE D

Number of Participating Short-Stay Hospitals, by Control and Bed Size, 1974 and 1979

Bed Size	All Hospitals			Voluntary			Proprietary			State [1]			Local		
	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change
All Areas	6,257	6,190	– 1.1	3,470	3,419	– 1.5	868	810	– 6.7	220	233	5.9	1,699	1,728	1.7
Less than 49	1,835	1,673	– 8.8	726	623	–14.2	293	215	– 26.6	53	81	52.8	763	754	– 1.2
50-99	1,570	1,473	– 6.2	739	681	– 7.8	266	216	– 18.8	57	46	–19.3	508	530	4.3
100-149	821	785	– 4.4	488	475	– 2.7	137	143	4.4	30	28	– 6.7	166	139	–16.3
150-199	545	536	– 1.7	359	331	– 7.8	83	93	12.0	18	15	–16.7	85	97	14.1
200-249	385	420	9.1	288	293	1.7	50	70	40.0	9	10	11.1	38	47	23.7
250-299	284	308	8.5	227	233	2.6	17	35	105.9	11	6	–45.5	29	34	17.2
300-399	363	413	13.8	295	329	11.5	15	24	60.0	12	12	—	41	48	17.1
400-499	210	263	25.2	168	207	23.2	5	12	140.0	12	13	8.3	25	34	24.0
500-749	182	241	32.4	141	191	35.5	2	1	– 50.0	10	12	20.0	29	37	27.6
750 and Over	62	78	25.8	39	56	43.6	0	1	—	8	10	25.0	15	11	–26.7
Median Bed Size	91	98	7.7	128	130	1.6	77	94	22.1	99	89	–10.1	59	60	1.7

[1] Includes a small number of Federal hospitals certified as community hospitals.

TABLE E

Number and Percent Change of Short-Stay Hospitals by Bed Size and Census Division, 1974 and 1979

Census Division	Number of Hospitals	Bed Size: Less than 100	Bed Size: 100-249	Bed Size: 250-499	Bed Size: 500 or More	Beds per 1,000 Population [1]
United States						
1974	6,191	3,364	1,733	851	243	4.3
1979	6,133	3,121	1,718	976	318	4.5
Percent Change 1974-79	−0.9	− 7.2	− 0.9	14.7	30.9	4.7
New England						
1974	292	123	99	62	8	4.1
1979	278	111	95	62	10	4.2
Percent Change 1974-79	−4.8	− 9.8	−4.0	—	25.0	2.4
Middle Atlantic						
1974	699	167	311	167	54	4.2
1979	659	138	272	180	69	4.5
Percent Change 1974-79	−5.7	−17.4	−12.5	7.8	27.8	7.1
East North Central						
1974	969	420	308	190	51	4.3
1979	946	370	292	212	72	4.7
Percent Change 1974-79	−2.4	−11.9	−5.2	11.6	41.2	9.3
West North Central						
1974	858	622	142	65	29	5.3
1979	847	600	141	75	31	5.5
Percent Change 1974-79	−1.3	− 3.5	− .7	15.4	6.9	3.8
South Atlantic						
1974	837	389	277	130	41	4.2
1979	854	358	267	175	54	4.6
Percent Change 1974-79	2.0	− 8.0	−3.6	34.6	31.7	9.5
East South Central						
1974	500	312	121	51	16	4.8
1979	514	307	129	57	21	5.1
Percent Change 1974-79	2.8	− 1.6	6.6	11.8	31.3	6.3
West South Central						
1974	850	594	176	59	21	4.4
1979	867	553	208	78	28	4.7
Percent Change 1974-79	2.0	− 6.9	18.2	32.2	33.3	6.8
Mountain						
1974	381	278	63	34	6	3.8
1979	406	290	68	38	10	3.8
Percent Change 1974-79	6.6	4.3	7.9	11.8	66.7	—
Pacific						
1974	805	459	236	93	17	3.7
1979	762	394	246	99	23	3.6
Percent Change 1974-79	−5.3	−14.2	4.2	6.5	35.3	−2.7

[1] Source of population data: Census Bureau, Current Population Survey, Report Series 20, No. 350, *Population Profile of the U.S. 1979.*

population in 1974 to 4.6 per 1,000 in 1979. In the West, there was no change between 1974 and 1979 in the ratio of beds to population in the Mountain States, 3.8 per 1,000, and there was a 2.7 percent decline in the Pacific States, from 3.7 to 3.6 per 1,000. Beds per 1,000 in the Western divisions were lower than in any other division.

Distribution of Residents and Nurses by Census Division

The three largest types of professional and technical employees in participating short-stay hospitals in the U.S. in 1979 were registered professional nurses (RPNs), 546,000, licensed practical nurses (LPNs), 223,000, and resident physicians 77,000 (Table F).[3] These employees represented 2.5 RPNs per 1,000 total population in the U.S., 1.0 LPNs per 1,000, and 0.35 residents per 1,000. There were great variations from these U.S. averages by census division. The highest number of RPNs per 1,000 population was in New England, 3.1, the lowest was in the West South Central division, 1.9. LPNs varied from 1.3 per 1,000 in the East South Central States to 0.7 per 1,000 in the Pacific States. The number of residents ranged from 0.6 per 1,000 in the Middle Atlantic States to 0.2 per 1,000 in the Mountain States.

[3] Comparable data for 1974 were not available for participating short-stay hospitals.

TABLE F

Residents and Nurses per 1,000 Population in Participating Short-Stay Hospitals, by Census Division, 1979

Census Division	Residents	Registered Professional Nurses	Licensed Practical Nurses
	Number		
United States	76,473	545,687	222,547
	Per 1,000 Population [1]		
United States	0.35	2.50	1.03
New England	.47	3.09	.96
Middle Atlantic	.55	2.86	.87
East North Central	.34	2.66	1.01
West North Central	.40	2.69	1.07
South Atlantic	.31	2.34	1.22
East South Central	.23	2.04	1.34
West South Central	.24	1.91	1.25
Mountain	.22	2.30	.72
Pacific	.25	2.26	.70

[1] Source of population data: Census Bureau, Current Population Survey Reports, Series 20, No. 350, *Population Profile of the U.S., 1979.*

Distribution of Facilities and Services

The number of short-stay hospitals providing selected types of facilities and services (shown in decreasing order of frequency in Table G) increased substantially between 1974 and 1979.[4] Of the 24 types of facilities and services for which data were available, there were increases in the number of hospitals providing 20 types of facilities and services. The largest percentage increase was in the number of hospitals providing renal dialysis (67 percent), reflecting the response to the extension of Medicare coverage, beginning in July 1973, to persons with end-stage renal disease. The number of hospitals providing renal dialysis increased from 904 in 1974 to 1,509 in 1979. The only decline was in the proportion of hospitals with operating rooms (0.1 percent), but nearly 97 percent of all hospitals still had operating rooms.

Thus, in addition to growth in hospital size between 1974 and 1979, there was an increase in the number of services provided. In 1974, of the 24 services for which data were available, hospitals offered an average of 13.0. In 1979, for these same 24 services, hospitals offered an average of 15.1. In 1979, of the 33 services surveyed, hospitals provided an average of 19.1. The average number of facilities and services increased by bed size. In 1979, hospitals with less than 100 beds provided 15.2 services, and those with 500 or more beds provided an average of 28.8 services (Table H).

Table J shows the largest percentage increases in the availability of six facilities and services. There were increases of 50 percent or more between 1974 and 1979 in the proportion of hospitals providing these six. The increases occurred in each of the five bed sizes (Table J).

Between 1974 and 1979, based on unpublished HCFA Current Utilization Statistics, reimbursements for the aged and disabled for short-stay hospital services increased from $7.2 billion to $14.0 billion; reimbursements per covered day increased from $90 to $162. The diffusion and the increased availability of new and complex services and facilities probably contributed to their greater use and to rising hospital reimbursements for ancillary services. Unpublished HCFA data show an increase in the ratio of charges for ancillary services (such as laboratory and radiology tests) to total hospital charges. This percentage increased from 40 percent in 1971 to 51 percent in 1979.

[4] Hospital data in *AHA Hospital Statistics* also show increases in number of services and facilities.

TABLE G

Number and Percent of Short-Stay Participating Hospitals with Selected Facilities and Services, 1974 and 1979

Facilities and Services	All Hospitals			Percent of Hospitals		
	1979	1974	Percent Change	1979	1974	Percent Change
All Areas	6,190	6,257	−1.1	—	—	—
Clinical Laboratory	6,142	6,197	− .9	99.2	99.0	0.2
X-Ray, Diagnostic	6,129	6,155	− .4	99.0	98.4	.6
Electrocardiograph	6,080	6,112	− .5	98.2	97.7	.5
Pharmacy	6,051	5,648	7.1	97.8	90.3	8.3
Operating Room	5,977	6,051	−1.2	96.6	96.7	−.1
Blood Bank	5,751	5,108	12.6	92.9	81.6	13.8
Pathology Laboratory	5,750	4,756	20.9	92.9	76.0	22.2
Emergency Department	5,741	5,734	.1	92.7	91.6	1.2
Recovery Room	5,429	5,104	6.4	87.7	81.6	7.5
Physical Therapy Department	5,168	4,478	15.4	83.5	71.6	16.6
Nursery	4,703	N/A	—	76.0	N/A	—
Pulmonary Function Service	4,629	N/A	—	74.8	N/A	—
Intensive Care Unit	4,571	3,877	17.9	73.8	62.0	19.0
OB-GYN Department	4,466	N/A	—	72.1	N/A	—
Nuclear Medicine	4,316	2,816	53.3	69.7	45.0	54.9
Electroencephalograph	4,237	2,987	41.8	68.4	47.7	43.4
Medical Social Services Department	4,041	2,963	36.4	65.3	47.4	37.8
Coronary Care Unit	4,017	3,585	12.1	64.9	57.3	13.3
Pediatric Department	3,425	N/A	—	55.3	N/A	—
Oral Surgery Department	2,469	N/A	—	39.9	N/A	—
Speech Therapy Department	2,266	N/A	—	36.6	N/A	—
Occupational Therapy	2,150	1,401	53.5	34.7	22.4	54.9
Organized Outpatient Department	1,890	1,705	10.9	30.5	27.2	12.1
Cobalt and Radiation Therapy	1,889	1,461	29.3	30.5	23.3	30.9
Psychiatric Inpatient Care	1,889	1,242	52.1	30.5	19.8	54.0
Renal Dialysis	1,509	904	66.9	24.4	14.4	69.4
Home Care Unit	1,262	1,008	25.2	20.4	16.1	26.7
Ambulatory Pre-op Unit	1,187	N/A	—	19.2	N/A	—
Extended Care Unit	1,123	872	28.8	18.1	13.9	30.2
Rehabilitation Unit	1,092	685	59.4	17.6	10.9	61.5
Shock Trauma	1,082	N/A	—	17.5	N/A	—
Open Heart Surgery	983	645	52.4	15.9	10.3	54.4
Organ Bank	613	N/A	—	9.9	N/A	—
Other Services	N/A	1,659	—	N/A	26.5	—

N/A—Not Available.

TABLE H

Percent of Short-Stay Participating Hospitals by Bed Size with Selected Facilities and Services, All Areas, 1979

Facilities and Services	All Hospitals	Bed Size: Less than 100	100-199	200-299	300-499	500 or More
Number	6,190	3,146	1,321	728	676	319
			Percent			
Clinical Laboratory	99.2	98.9	99.5	99.3	100.0	100.0
X-Ray Diagnostic	99.0	98.5	99.4	99.3	99.9	99.7
Electrocardiograph	98.2	97.0	99.2	99.6	99.7	100.0
Pharmacy	97.8	95.8	99.7	99.7	100.0	100.0
Operating Room	96.6	93.9	98.8	99.3	99.9	100.0
Blood Bank	92.9	89.4	95.2	96.6	97.7	98.7
Pathology Laboratory	92.9	87.4	97.3	99.2	99.7	100.0
Emergency Department	92.7	90.1	92.7	96.3	98.2	99.4
Recovery Room	87.7	76.6	98.7	99.0	99.9	100.0
Physical Therapy Department	83.5	69.8	95.5	98.5	99.9	99.7
Nursery	76.0	74.3	70.6	75.5	85.9	94.4
Pulmonary Function Service	74.8	58.6	85.7	94.2	96.4	98.4
Intensive Care Unit	73.8	52.8	91.7	97.7	99.1	99.7
OB-GYN Department	72.1	59.8	76.9	87.0	92.8	97.2
Nuclear Medicine	69.7	45.7	89.5	97.3	99.1	99.4
Electroencephalograph	68.4	45.3	84.7	96.3	99.6	99.7
Medical Social Services Department	65.3	42.8	80.7	91.1	96.0	98.7
Coronary Care Unit	64.9	45.1	76.5	88.0	94.1	97.2
Pediatric Department	55.3	32.0	68.7	83.5	89.8	92.8
Oral Surgery Department	39.9	23.4	40.5	61.3	71.4	84.6
Speech Therapy Department	36.6	18.0	40.1	56.6	70.6	87.8
Occupational Therapy	34.7	17.1	32.7	53.3	74.1	91.2
Organized Outpatient Department	30.5	16.8	27.8	43.1	61.2	83.4
Cobalt and Radiation Therapy	30.5	13.1	29.1	45.9	67.3	95.0
Psychiatric Inpatient Care	30.5	13.3	29.5	48.1	66.3	88.7
Renal Dialysis	24.4	7.5	18.9	42.0	64.3	88.7
Home Care Unit	20.4	12.5	20.7	28.7	34.6	48.0
Ambulatory Pre-op Unit	19.2	6.7	17.2	35.6	45.3	58.0
Extended Care Unit	18.1	16.5	16.0	18.4	20.9	37.0
Rehabilitation Unit	17.6	7.4	14.5	28.2	37.3	65.5
Shock Trauma	17.5	7.3	14.3	28.4	38.6	60.8
Open Heart Surgery	15.9	5.5	9.5	22.5	39.2	79.9
Organ Bank	9.9	4.2	8.6	14.1	20.4	39.5
Average Number of Facilities and Services	19.1	15.2	20.2	23.2	25.6	28.8

TABLE J

Percent of Short-Stay Participating Hospitals by Bed Size with Selected Facilities and Services, All Areas, 1974 and 1979

Facilities and Services	All Hospitals	Bed Size: Less than 100	100-199	200-299	300-499	500 or More
Nuclear Medicine 1974	45.0	16.0	64.3	90.0	96.0	99.2
Nuclear Medicine 1979	69.7	45.7	89.5	97.3	99.1	99.4
Occupational Therapy 1974	22.4	10.3	20.6	36.3	58.5	78.3
Occupational Therapy 1979	34.7	17.1	32.7	53.3	74.1	91.2
Psychiatric Inpatient Care 1974	19.8	6.7	18.4	34.4	57.4	82.8
Psychiatric Inpatient Care 1979	30.5	13.3	29.5	48.1	66.3	88.7
Renal Dialysis 1974	14.4	4.2	11.2	25.7	44.0	75.0
Renal Dialysis 1979	24.4	7.5	18.9	42.0	64.3	88.7
Rehabilitation Unit 1974	10.9	4.4	9.2	16.7	29.3	53.3
Rehabilitation Unit 1979	17.6	7.4	14.5	28.2	37.3	65.5
Open Heart Surgery 1974	10.3	2.8	6.0	14.2	35.1	69.7
Open Heart Surgery 1979	15.9	5.5	9.5	22.5	39.2	79.9

Hospitals with 500 or more beds, which are mainly major medical centers, differed sharply from smaller hospitals in providing certain facilities and services (Table H). The proportion of hospitals with 500 beds and more providing cobalt and radiation therapy was 95 percent; those with fewer than 500 beds varied between 13 and 67 percent. Similarly, the proportion of hospitals with 500 beds and over with shock trauma units was 61 percent; for those under 500 beds, the proportion varied from 7 to 39 percent. The proportion of hospitals of 500 beds and over providing open heart surgery was 80 percent; for smaller hospitals, the proportion varied from 6 to 39 percent. Thus, the largest hospitals not only offer a broader range but also more complex services which require more sophisticated equipment and intensive staffing patterns. These add further to the costs of services in the larger hospitals. Data for 1978 (the latest year available) show that the average reimbursement per day for services furnished to aged Medicare enrollees was $196 in hospitals with 500 beds or more, or 28 percent more than the $154 average for smaller hospitals.

The percent of short-stay hospitals providing 33 facilities and services shows considerable variation by census division (Table K). Table L ranks the census divisions in decreasing order of the percent of facilities providing the services and facilities shown in Table K. The Middle Atlantic States ranked first, second, or third in 32 of the 33 facilities. These States were also high in both resident physicians and registered professional nurses per capita. The East South Central States ranked seventh, eight, or ninth in 26 of the 33 facilities. Thus, there are great disparities in the availability of facilities and services by geographic area.

Skilled Nursing Facilities

A skilled nursing facility (SNF) is an institution, or a distinct part of an institution, primarily engaged in providing skilled nursing care or rehabilitation services. Under Medicare, these services are intended for patients who had been hospitalized for treatment of a medical condition and who, while no longer requiring the full range of hospital services, still need daily skilled nursing care or rehabilitation services in an institution. SNF services under Medicare are not intended to provide long-term care for persons unable to carry on the normal activities of daily living.

In calendar year 1979, SNF reimbursements under Medicare were $319 million. Of this amount, $306 million were for enrollees 65 years of age or over (Ruther, a). Medicaid, the program which finances health care for the needy, covers SNF and intermediate care facility (ICF) services. ICF services provide a lower level of care and are usually provided over a longer period of time than SNF services. In fiscal year 1979, the Medicaid program (in States reporting) spent $6.9 billion for SNF and ICF services (National Annual Medicaid Statistics, in preparation). Of this amount, $4.1 billion in the reporting States were for

TABLE K

Percent of Participating Short-Stay Hospitals with Selected Facilities and Services by Census Division, 1979

Facilities and Services	United States	New England	Middle Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Number	6,133	278	659	946	847	854	514	867	406	762
	Percent of Short-Stay Hospitals									
Clinical Laboratory	99.2	99.3	99.7	98.9	99.5	99.4	98.2	99.4	98.8	99.3
X-Ray, Diagnostic	99.0	99.6	99.7	98.7	99.2	98.9	98.4	99.1	97.8	99.6
Electrocardiograph	98.2	99.6	98.8	98.7	97.5	98.2	97.3	97.8	98.0	98.7
Pharmary	97.7	99.3	98.8	98.5	96.2	98.8	95.9	98.3	95.3	97.6
Operating Room	96.5	96.0	96.8	97.5	96.7	96.1	96.3	96.3	94.3	97.2
Blood Bank	92.9	95.7	97.0	93.6	90.7	92.5	92.8	97.1	89.4	87.9
Pathology Laboratory	92.9	96.4	97.0	93.3	88.9	93.6	87.7	95.8	86.9	94.5
Emergency Department	92.7	91.4	94.8	94.9	96.0	89.8	93.2	92.7	93.6	87.3
Recovery Room	87.8	94.6	95.6	94.9	72.6	93.8	86.0	82.0	79.6	92.0
Physical Therapy Department	83.7	95.0	95.3	94.3	81.2	82.1	69.6	67.8	78.1	91.7
Nursery	76.0	64.4	70.9	78.8	88.5	68.5	73.0	80.2	84.0	68.6
Pulmonary Function Service	75.1	86.0	86.6	80.2	58.0	76.7	68.1	74.2	63.3	84.0
Intensive Care Unit	74.1	84.5	88.8	81.4	64.7	76.7	58.9	63.7	69.2	81.0
OB-GYN Department	72.0	77.7	81.9	79.6	67.7	70.8	58.8	69.1	73.2	69.6
Nuclear Medicine	70.0	83.1	83.9	78.5	58.3	73.5	58.8	61.9	48.5	80.2
Electroencephalograph	68.6	81.3	86.0	77.9	55.8	68.0	51.2	62.6	52.2	79.5
Medical Social Service Department	65.3	92.4	92.4	77.0	49.9	67.9	59.3	37.5	53.0	73.8
Coronary Care Unit	65.2	66.9	78.5	70.7	58.7	66.5	50.6	56.4	64.3	72.6
Pediatric Department	55.0	75.9	76.8	65.6	44.2	53.9	38.3	38.2	57.1	58.0
Oral Surgery Department	39.8	67.6	66.5	37.4	29.9	37.9	25.1	43.6	28.1	34.8
Speech Therapy Department	36.8	57.6	56.0	50.0	32.8	32.0	16.1	12.3	33.5	49.9
Occupational Therapy	34.8	57.6	50.1	43.6	31.1	30.8	15.0	14.6	29.3	50.4
Cobalt and Radiation Therapy	30.7	44.2	47.3	35.9	22.3	29.4	26.5	20.6	20.2	35.3
Psychiatric Inpatient Care	30.7	50.4	46.6	34.5	24.6	31.9	21.8	16.7	25.9	35.4
Organized Outpatient Department	30.3	56.1	56.9	32.3	21.1	30.1	20.4	13.1	27.6	33.1
Renal Dialysis	24.4	30.9	35.7	25.9	14.5	28.1	16.5	15.5	21.7	34.4
Home Care Unit	20.3	34.5	35.8	23.4	17.4	15.5	16.9	5.3	19.0	26.6
Ambulatory Pre-op Unit	19.2	39.2	31.3	23.9	12.8	18.0	8.8	9.0	16.5	24.4
Extended Care Unit	18.2	23.0	29.7	21.1	17.2	15.5	15.2	4.3	21.7	22.8
Rehabilitation Unit	17.7	25.5	33.8	21.0	13.9	12.8	8.6	6.1	17.5	26.0
Shock Trauma	17.6	23.7	25.6	20.8	12.4	18.5	13.0	8.5	19.5	21.5
Open Heart Surgery	15.9	17.6	22.2	18.6	10.5	14.5	9.9	10.8	16.0	24.1
Organ Bank	10.0	14.0	17.1	12.2	7.1	8.9	6.0	4.4	8.6	13.6

TABLE L

Rank Order of Participating Short-Stay Hospitals with Selected Facilities and Services by Census Division, 1979

Facilities and Services	New England	Middle Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Clinical Laboratory	5	1	7	2	3	9	3	8	5
X-Ray, Diagnostic	2	1	7	4	6	8	5	9	2
Electrocardiograph	1	2	3	8	5	9	7	6	3
Pharmacy	1	2	4	7	2	8	5	9	6
Operating Room	8	3	1	4	7	5	5	9	2
Blood Bank	3	2	4	7	6	5	1	8	9
Pathology Laboratory	2	1	6	7	5	8	3	9	4
Emergency Department	7	3	2	1	8	5	6	4	9
Recovery Room	3	1	2	9	4	6	7	8	5
Physical Therapy Department	2	1	3	6	5	8	9	7	4
Nursery	9	6	4	1	8	5	3	2	7
Pulmonary Function Service	2	1	4	9	5	7	6	8	3
Intensive Care Unit	2	1	3	7	5	9	8	6	4
OB-GYN Department	3	1	2	8	5	9	7	4	6
Nuclear Medicine	2	1	4	8	5	7	6	9	3
Electroencephalograph	2	1	4	7	5	9	6	8	3
Medical Social Service Department	1	1	3	8	5	6	9	7	4
Coronary Care Unit	4	1	3	7	5	9	8	6	2
Pediatric Department	2	1	3	7	6	8	9	5	4
Oral Surgery Department	1	2	5	7	4	9	3	8	6
Speech Therapy Department	1	2	3	6	7	8	9	5	4
Occupational Therapy	1	3	4	5	6	8	9	7	2
Cobalt and Radiation Therapy	2	1	3	7	5	6	8	9	4
Psychiatric Inpatient Care	1	2	4	7	5	8	9	6	3
Organized Outpatient Department	2	1	4	7	5	8	9	6	3
Renal Dialysis	3	1	5	9	4	7	8	6	2
Home Care Unit	2	1	4	6	8	7	9	5	3
Ambulatory Pre-op Unit	1	2	4	7	5	9	8	6	3
Extended Care Unit	2	1	5	6	7	8	9	4	3
Rehabilitation Unit	3	1	4	6	7	8	9	5	2
Shock Trauma	2	1	4	8	6	7	9	5	3
Open Heart Surgery	4	2	3	8	6	9	7	5	1
Organ Bank	2	1	4	7	5	8	9	6	3

people 65 and over, and this constituted 59 percent of all Medicaid expenditures for the aged. Of the two programs, the Medicaid program provided at least 93 percent of the Federal payments for SNF and ICF nursing home services to the aged (since not all Medicaid States reported their expenditures). Thus, Medicaid is the primary public source of funds for the long-term care of needy aged persons.

Types and Number of Facilities

There were marked changes in the types of SNFs participating in Medicare between 1974 and 1979. The 1972 Amendments to the Social Security Act (P.L. 92-603) were largely responsible for these changes. To reduce duplicative certification activity, the Amendments required Medicaid SNFs to meet the same standards as Medicare SNFs. Further, SNF beds could be used to treat people who needed an intermediate level of care. Beds certified both for SNF and ICF services are known as "swing beds." As a result, many nursing facilities in which only a distinct part of the facility had been certified as an SNF were reclassified as either SNF-ICF facilities or totally as SNFs. Categorizing a distinct part of a facility as an SNF indicates that only part of the facility (a separate building, wing, floor, or ward) is certified for participation in the Medicare program. The SNF may still have additional beds which do not meet the SNF criteria but meet the Medicaid criteria for ICF services. These beds are, in effect, counted as a separate facility. The latter group of ICFs is not shown in the tabulations.

The number of SNFs of all types increased from 4,323 in 1974 (the full effect of the 1972 Amendments was not yet reflected in the 1974 figures) to 5,213 in 1979, or 21 percent (Table M). The number of SNF beds reached 446,000 in 1979, or 36 percent more than in 1974. The average number of beds per facility increased from 76 to 86.

There were 1,223 SNF-ICF facilities in 1979. (There were none in 1974.) Between 1974 and 1979, nursing facilities having distinct SNFs fell from 1,642 to 382, and skilled nursing units of a hospital decreased from 487 to 305.

Distribution of Facilities and Beds by State

In the United States during 1979, there were 5,207 participating SNFs, an increase of 21 percent over 1974 (Table N). There were increases in the number of SNFs in 34 States. The number of SNF beds per 1,000 persons enrolled in the Hospital Insurance (HI) program of Medicare in 1979 increased to 17 from 14 in 1974, a 21 percent increase, although the number of HI enrollees using SNF services decreased from 266,000 in 1974 to 256,000 in 1979 (Ruther, a). Thirty States had increases in SNF beds per 1,000 HI enrolled. In 1979, Connecticut had the highest number of SNF beds per 1,000 HI enrolled (48).

The ratio of short-stay hospital beds to SNF beds declined from 2.8 to 2.2, a decrease of 21 percent between 1974 and 1979. This was the result of a 9 percent increase in the number of short-stay hospital beds, compared to 36 percent for SNF beds. The highest ratio of hospital beds to SNF beds was in Arkansas, 54; the lowest, Connecticut, 0.6. There were decreases in the ratio of short-stay beds to SNF beds in 33 States. California had the largest numbers of SNFs by far, 990, and was one of three States with more SNF beds than short-stay hospital beds. The other two States were Idaho and Connecticut.

TABLE M

Number of Participating Skilled Nursing Facilities and Beds by Type of Facility, 1974 and 1979

Type of Facility	Number		Percent Change 1974-79	Beds		Percent Change 1974-79
	1974	1979		1974	1979	
Total	4,323	5,213	20.6	329,543	446,473	35.5
Skilled Nursing Facility	2,088	3,251	55.7	213,703	298,362	39.6
SNF-ICF	—	1,223	—	—	106,468	—
Distinct Part of SNF	1,642	382	−76.7	85,511	22,461	−73.1
Unit of Hospital	487	305	−37.4	25,566	15,659	−38.8
Other	106	52	−50.9	6,763	3,523	−47.9

TABLE N

Number of Participating Skilled Nursing Facilities and Beds by Census Division and State, 1974 and 1979

Census Division	SNF Facilities			SNF Beds per 1,000 Enrolled			Ratio of Beds: Short-Stay to SNF		
	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change
United States	4,315	5,207	20.8	14	17	21.4	2.8	2.2	−21.4
New England	312	418	34.0	16	18	12.5	2.2	1.8	−18.2
Connecticut	132	180	36.4	37	48	29.7	.8	.6	−25.0
Maine	20	17	−15.0	6	3	−50.0	5.6	9.5	69.6
Massachusetts	98	125	27.6	10	9	−10.0	4.1	3.8	− 7.3
New Hampshire	20	24	20.0	11	7	−36.4	3.1	3.9	25.8
Rhode Island	20	53	165.0	9	14	55.6	3.0	1.9	−36.7
Vermont	22	19	−13.6	15	11	−26.7	2.3	2.7	17.4
Middle Atlantic	725	961	32.6	17	25	47.1	2.1	1.4	−33.3
New Jersey	124	124	—	12	17	41.7	2.9	2.0	−31.0
New York	372	523	40.6	23	30	30.4	1.6	1.2	−25.0
Pennsylvania	229	314	37.1	12	22	83.3	3.0	1.5	−50.0
East North Central	752	992	31.9	11	15	36.4	3.6	2.6	−27.3
Illinois	176	233	32.4	7	7	—	5.8	6.1	5.2
Indiana	115	124	7.8	10	11	10.0	4.0	3.7	− 7.5
Michigan	160	283	76.9	15	22	46.7	2.7	1.8	−33.3
Ohio	197	264	34.0	14	20	42.9	2.9	2.0	−31.0
Wisconsin	104	88	−15.4	11	16	45.5	3.7	2.2	−40.5
West North Central	261	295	13.0	6	8	33.3	7.3	5.2	−28.8
Iowa	38	29	−23.7	3	2	−33.3	12.5	19.9	59.2
Kansas	38	30	−21.1	6	6	—	6.5	6.7	3.1
Minnesota	89	93	4.5	10	9	−10.0	4.5	4.8	6.7
Missouri	62	58	− 6.5	5	7	40.0	8.4	6.0	−23.6
Nebraska	18	21	16.7	5	7	40.0	8.7	5.4	−37.9
North Dakota	5	55	1,000.0	2	46	1,300.0	25.8	1.0	−96.1
South Dakota	11	9	−18.2	4	7	75.0	9.1	5.9	−35.2
South Atlantic	556	691	24.3	10	13	30.0	3.7	2.8	−24.3
Delaware	11	14	27.3	14	15	7.1	2.4	2.1	−12.5
Dist. of Col.	5	6	20.0	13	6	−53.8	5.0	11.6	132.0
Florida	168	196	16.7	9	13	44.4	3.7	2.3	−37.8
Georgia	68	73	7.4	9	12	33.3	5.0	3.7	−26.0
Maryland	67	84	25.4	16	22	37.5	2.3	1.7	−26.1
North Carolina	98	138	40.8	13	12	− 7.7	3.1	2.9	− 6.5
South Carolina	72	90	25.0	19	22	15.8	2.0	1.7	−15.0
Virginia	38	52	36.8	4	4	—	10.8	11.4	5.6
West Virginia	29	38	31.0	7	11	57.1	6.0	3.3	−45.0
East South Central	252	347	37.7	9	11	22.2	4.5	3.5	−22.2
Alabama	93	183	96.8	14	26	85.7	3.0	1.6	−46.7
Kentucky	90	96	6.7	14	10	−28.6	2.4	3.4	41.7
Mississippi	21	15	−28.6	3	2	−33.3	12.7	16.4	29.0
Tennessee	48	53	10.4	4	5	25.0	11.9	8.6	−27.7
West South Central	89	63	−29.2	3	2	−33.3	14.8	22.6	52.7
Arkansas	12	3	−75.0	3	1	−66.7	12.7	54.4	328.3
Louisiana	12	15	25.0	3	4	33.3	13.0	10.2	−21.5
Oklahoma	7	7	—	1	1	—	27.4	39.5	44.2
Texas	58	38	−34.5	3	2	−33.3	14.3	27.4	91.6
Mountain	197	270	37.1	15	16	6.7	3.6	2.3	−36.1
Arizona	19	24	26.3	5	3	−40.0	7.4	11.7	58.1
Colorado	68	75	10.3	19	23	21.1	2.4	1.8	−25.0
Idaho	34	45	32.4	24	33	37.5	1.3	.9	−30.8
Montana	26	71	173.1	10	35	250.0	4.3	1.2	−72.1
Nevada	19	23	21.1	14	27	92.9	4.2	1.7	−59.5
New Mexico	9	4	−55.6	4	2	−50.0	10.1	20.3	101.0
Utah	19	26	36.8	7	15	114.3	5.5	2.4	−56.4
Wyoming	3	2	−33.3	4	7	75.0	10.9	6.3	−42.2
Pacific	1,171	1,170	− .1	36	32	−11.1	1.0	1.0	—
Alaska	6	5	−16.7	29	18	−37.9	3.2	5.9	84.4
California	987	990	.3	44	36	−18.2	.9	.9	—
Hawaii	15	26	73.3	24	23	− 4.2	1.5	1.3	−13.3
Oregon	62	57	− 8.1	10	11	10.0	3.1	2.5	−19.4
Washington	101	92	− 8.9	9	23	155.6	3.3	1.1	−66.7

Distribution by Bed Size

There were increases in the number of SNFs in every bed size grouping of 25 beds or more between 1974 and 1979, and the larger SNFs increased at a greater rate (Table O). The number of SNFs with 25 to 49 beds rose 3 percent, while SNFs with 200 beds or more almost doubled in number. The largest increase in number of SNFs by type of control was among State and local SNFs, which rose from 355 to 549, a 55 percent increase. However, government-operated SNFs were still the fewest in number by type of SNF, 11 percent. Proprietary facilities comprised 68 percent of the SNFs, and voluntary facilities, 22 percent.

There were substantial increases in the number of SNFs in every census division but the West South Central States, which decreased 29 percent, and the Pacific States, down 0.2 percent (Table P). As a result, SNF beds per 1,000 HI enrollees in the West South Central States declined from 3 to 2 per 1,000, a drop of one-third, and the ratio of short-stay hospital beds to SNF beds increased from 15 to 23, a 53 percent increase (Table N).

The median SNF bed size for all areas increased from 63 to 72 beds between 1974 and 1979 (Table P). Only New England recorded a decrease in median bed size, from 62 to 49 beds, a decrease of 21 percent. This reflected large increases in the number of SNFs with less than 50 beds. In New England, the proportion of SNFs with less than 50 beds increased from 40 percent in 1974 to 51 percent in 1979. The largest increase in median bed size was in the West North Central States, from 36 to 49 beds, an increase of 36 percent. In that census division, the proportion of SNFs with 100 or more beds increased from 12 percent to 21 percent between 1974 and 1979. The largest median SNF bed size in 1979 was in the Middle Atlantic States, 103, and the smallest was in New England and the West North Central States, each with 49 beds.

Number and Distribution of Professional and Technical Employees in SNFs

In 1979 there were 34,800 registered professional nurses (RPNs) and 33,600 licensed practical nurses (General Table 13) employed by participating SNFs. The numbers of other professionals employed by SNFs were relatively small; there were 2,700 physical therapists, 2,300 social workers, and 1,400 pharmacists (counts of employees are full-time equivalents).

Between 1974 and 1979, there was an increase from 76 to 86 beds per SNF (Table Q). Every census division except New England had an increase in beds per SNF in the same period. Beds per RPN were unchanged at 12.8 in 1974 and 1979. However, New England, the East South Central, West South Central, and the Pacific States registered decreases in beds per RPN. Beds per RPN varied from 7 beds in New England to 20 beds in the Pacific States. Beds per LPN were virtually unchanged, 13.3 beds per nurse in the 1974-1979 period, but three divisions had declines in beds per LPN. Beds per LPN varied from 8 beds in the East South Central States to 17 in the Pacific States. Overall, the number of RPNs and LPNs have increased proportionately to the increase in SNF beds.

The nursing staff criteria for certification requires that there be an RPN in charge during the eight hour day shift. To assure seven day coverage, an SNF must employ at least two RPNs. However, if the facility has more than 60 beds, it is required to have an additional RPN to serve as a full-time director of nursing services. Thus, these facilities must employ three RPNs. On other shifts (evening and night), an SNF may have an LPN in charge. Table Q shows that, on the average, each census division exceeded these criteria in 1979. The variation in LPNs per SNF was less than that of RPNs per SNF. In 1979, LPNs per SNF ranged from 9.6 in the Middle Atlantic States to 4.5 in the Mountain States. In the Northeast, RPNs per SNF were highest: 10.4 in New England and 11.2 in the Middle Atlantic States, and they were lowest in the East South Central States, 3.1 per SNF.

There were increases in RPNs per SNF between 1974 and 1979 in every census division except the West North Central States. The largest increase, 21 percent, was in the West South Central States. Both North Central divisions showed decreases between 1974 and 1979 in the number of LPNs per SNF. The Pacific States had a 31 percent increase in the number of LPNs per SNF.

Home Health Agencies

A home health agency (HHA) is a public or private agency that provides skilled nursing services and other therapeutic services, such as physical and speech therapy, in the patient's home. (For further information on HHA benefits, see "Provisions of the Law and Regulations." See "Requirements for Participation" for criteria for HHA participation.)

Number and Type of Home Health Agencies

The number of HHAs increased by 27.7 percent, from 2,329 in 1974 to 2,973 in 1979 (Table R). In this period there were substantial percentage increases (24 to 59 percent) in the number of HHAs in every geographic division except the New England (decreased 3 percent) and Middle Atlantic States (increased 2.5 percent). The Pacific States had the largest increase, 59 percent.

The most common type of HHAs were government agencies—agencies administered by State and local health departments—which accounted for 44 percent of HHAs in 1979. Next in number were "all other" (private non-profit, proprietary, and other HHAs which were 24 percent. Visiting nurse associations comprised 18 percent. The largest proportion of government agencies, 20 percent, was in the East South Central

TABLE O

Number of Participating Skilled Nursing Facilities and Beds, by Type of Control, 1974 and 1979

Bed Size	All Facilities			Voluntary			Proprietary			State and Local		
	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change
All Areas	4,323	5,213	20.6	845	1,132	34.0	3,123	3,532	13.1	355	549	54.6
Less than 25	553	533	−3.6	174	161	−7.5	288	281	− 2.4	91	91	—
25-49	1,116	1,148	2.9	253	323	27.7	768	684	−10.9	95	141	48.4
50-74	944	1,040	10.2	179	211	17.9	722	731	1.2	43	98	127.9
75-99	732	892	21.9	92	145	57.6	602	686	14.0	38	61	60.5
100-149	623	948	52.2	87	148	70.1	499	741	48.5	37	59	59.5
150-199	209	362	73.2	38	62	63.2	149	260	75.7	23	40	73.9
200 or More	146	290	98.6	22	82	272.7	96	149	55.2	28	59	110.7

TABLE P

Number and Percent Distribution of Participating Skilled Nursing Facilities, by Bed Size and Census Division, 1974 and 1979

Census Division	All Facilities	Bed Size: Less than 25	25-49	50-74	75-99	100-149	150-199	200 or More	Median
		Percent Distribution							
All Areas									
1974	4,323	12.8	25.8	21.8	16.9	14.4	4.8	3.4	63
1979	5,213	10.2	22.0	19.9	17.1	18.2	6.9	5.6	72
Percent Change 1974-79	20.6	−20.3	−14.7	− 8.7	1.2	26.4	43.8	64.7	14.3
United States									
1974	4,315	12.8	25.8	21.8	16.9	14.4	4.8	3.4	63
1979	5,207	10.2	22.0	19.9	17.1	18.2	7.0	5.6	72
Percent Change 1974-79	20.7	−20.3	−14.7	− 8.7	1.2	26.4	45.8	64.7	14.3
New England									
1974	312	7.7	32.0	21.5	15.7	15.1	6.1	1.9	62
1979	418	10.5	40.4	16.5	10.3	13.4	6.2	2.6	49
Percent Change 1974-79	34.0	36.4	26.3	−23.3	−34.4	−11.3	1.6	36.8	−21.0
Middle Atlantic									
1974	725	5.7	19.6	18.5	16.1	20.7	8.0	11.5	85
1979	961	2.4	14.9	13.1	17.0	26.3	11.3	15.0	103
Percent Change 1974-79	32.6	−57.9	−24.0	−29.2	5.6	27.1	41.3	30.4	21.2
East North Central									
1974	752	15.7	31.7	22.7	10.1	11.7	5.6	2.5	53
1979	993	19.0	23.8	20.1	8.9	17.2	5.9	5.0	59
Percent Change 1974-79	32.0	21.0	−24.9	−11.4	− 11.9	47.0	5.4	100.0	11.3
West North Central									
1974	261	37.2	28.4	17.2	5.4	8.4	3.1	.4	36
1979	295	25.1	26.1	18.6	8.8	16.3	3.4	1.7	49
Percent Change 1974-79	13.0	−32.5	− 8.1	8.1	63.0	94.0	9.7	325.0	36.1
South Atlantic									
1974	556	11.9	25.5	26.1	14.4	18.4	2.7	1.1	62
1979	691	9.7	19.0	24.5	13.7	22.0	6.7	4.5	72
Percent Change 1974-79	24.3	−18.5	−25.5	− 6.1	− 4.9	19.6	148.1	309.1	16.1
East South Central									
1974	252	14.7	34.1	29.8	9.9	8.7	1.6	1.2	51
1979	347	10.4	35.2	30.5	12.1	9.5	2.0	.3	54
Percent Change 1974-79	37.7	−29.3	3.2	2.3	22.2	9.2	25.0	−75.0	5.9
West South Central									
1974	89	10.1	24.7	36.0	7.9	13.5	5.6	2.3	61
1979	63	9.5	27.0	30.2	11.1	12.7	7.9	1.6	61
Percent Change 1974-79	−29.2	− 5.9	9.3	−16.1	40.5	− 5.9	41.1	−30.4	—
Mountain									
1974	197	30.0	32.0	12.7	15.2	8.1	2.0	—	41
1979	270	19.6	27.4	16.7	15.6	14.8	5.2	.7	54
Percent Change 1974-79	37.1	−34.7	−14.4	31.5	2.6	82.7	160.0	—	31.7
Pacific									
1974	1,171	8.6	21.1	21.2	28.4	14.0	4.4	2.2	74
1979	1,169	3.4	15.1	21.3	52.9	16.0	7.4	3.8	83
Percent Change 1974-79	− .2	−60.5	−28.4	.5	15.8	14.3	68.2	72.7	12.2

TABLE Q

Ratio of Participating Skilled Nursing Beds per Facility and per Nursing Staff and Nurses per Facility by Census Division, 1974 and 1979

Census Division	Beds per Facility			Beds per Registered Professional Nurse			Beds per Licensed Practical Nurse			Registered Professional Nurses per Skilled Nursing Facility			Licensed Practical Nurses per Skilled Nursing Facility		
	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change	1974	1979	Percent Change
All Areas	76.2	85.6	12.3	12.8	12.8	—	13.2	13.3	0.8	6.0	6.7	11.7	5.8	6.4	10.3
United States	76.2	85.7	12.5	12.8	12.8	—	13.2	13.3	.8	6.0	6.7	11.7	5.8	6.4	10.3
New England	72.9	69.5	−4.7	8.2	6.7	18.3	14.3	11.1	−22.4	8.9	10.4	16.9	5.1	6.3	23.5
Middle Atlantic	103.8	123.7	19.2	10.0	11.0	10.0	12.0	12.8	6.7	10.4	11.2	7.7	8.7	9.6	10.3
East North Central	65.4	73.4	12.2	11.1	12.3	10.8	11.3	13.4	18.6	5.9	6.0	1.7	5.8	5.5	−5.2
West North Central	46.7	60.7	30.0	8.4	11.2	33.3	8.9	13.2	48.3	5.5	5.4	−1.8	5.2	4.6	−11.5
South Atlantic	66.8	83.5	25.0	13.0	14.5	11.5	11.8	13.5	14.4	5.1	5.8	13.7	5.7	6.2	8.8
East South Central	56.1	58.3	3.9	21.0	18.7	−11.0	8.8	8.2	− 6.8	2.7	3.1	14.8	6.3	7.1	12.7
West South Central	69.0	74.4	7.8	18.0	16.0	−11.1	7.8	9.1	16.7	3.8	4.6	21.1	8.8	8.2	6.8
Mountain	50.3	64.1	27.4	10.0	12.1	21.0	12.2	14.3	17.2	5.0	5.3	6.0	4.1	4.5	9.8
Pacific	87.3	92.1	5.5	21.0	20.2	− 6.9	20.7	16.8	−18.8	4.0	4.6	15.0	4.2	5.5	31.0

TABLE R

Number of Participating Home Health Agencies, by Type of Agency and Census Division, 1974 and 1979

Census Division	All Home Health Agencies	Visiting Nurse Association	Combined Government and Voluntary Agencies	Govern-ment Agency	Hospital Based Agency	All Other			
						Total	Private Non-Profit	Proprietary	Other
United States									
1974	2,329	532	52	1,298	269	178	N/A	N/A	N/A
1979	2,973	528	65	1,298	363	719	461	197	61
Percent Change 1974-79	27.7	- .8	25.0	—	34.9	303.9	N/A	N/A	N/A
New England									
1974	343	238	9	68	25	3	N/A	N/A	N/A
1979	333	218	3	59	25	28	20	—	8
Percent Change 1974-79	-2.9	- 8.4	-66.7	-13.2	—	833.3	N/A	N/A	N/A
Middle Atlantic									
1974	282	93	5	90	86	8	N/A	N/A	N/A
1979	289	93	6	80	79	31	21	1	9
Percent Change 1974-79	2.5	—	20.0	-11.1	-8.1	287.5	N/A	N/A	N/A
East North Central									
1974	335	86	11	189	33	16	N/A	N/A	N/A
1979	450	88	9	206	52	95	63	23	9
Percent Change 1974-79	34.3	2.3	-18.2	9.0	57.6	493.8	N/A	N/A	N/A
West North Central									
1974	244	25	5	174	37	3	N/A	N/A	N/A
1979	365	20	17	247	52	29	23	—	6
Percent Change 1974-79	49.6	-20.0	240.0	42.0	40.5	866.7	N/A	N/A	N/A
South Atlantic									
1974	338	27	12	250	20	29	N/A	N/A	N/A
1979	428	40	7	165	32	184	132	43	9
Percent Change 1974-79	26.6	48.1	-41.7	-34.0	60.0	534.5	N/A	N/A	N/A
East South Central									
1974	298	9	—	254	22	13	N/A	N/A	N/A
1979	426	11	17	256	36	106	72	32	2
Percent Change 1974-79	43.0	22.2	—	.8	63.6	715.4	N/A	N/A	N/A
West South Central									
1974	254	11	1	178	7	57	N/A	N/A	N/A
1979	314	11	1	174	15	113	78	28	7
Percent Change 1974-79	23.6	—	—	-2.2	114.3	98.2	N/A	N/A	N/A
Mountain									
1974	91	12	5	51	13	10	N/A	N/A	N/A
1979	139	14	4	70	23	28	13	12	3
Percent Change 1974-79	52.7	16.7	-20.0	37.3	76.9	180.0	N/A	N/A	N/A
Pacific									
1974	144	31	4	44	26	39	N/A	N/A	N/A
1979	229	33	1	41	49	105	39	58	8
Percent Change 1974-79	59.0	6.5	-75.0	-6.8	88.5	169.2	N/A	N/A	N/A

N/A—Not Available.

States. The highest concentration of private non-profit and proprietary agencies was in the South Atlantic States (27 percent). About 41 percent of the visiting nurse associations were in New England. Data for 1978 indicate that government HHAs are more likely than other types to be located in low population density areas. Also, they were the only type of HHAs in which more than half of the revenue from serving Medicare patients was generated in non-metropolitan areas (Silverman, in preparation).

The increase in HHAs was mainly in the "all other" category, which accounted for only 178 agencies in 1974 and 719 in 1979. In 1979 the "all other" category consisted of 461 private non-profit, 197 proprietary, and 61 other HHAs. (Comparable figures for 1974 were not available.) There were substantial percentage increases, about 100 to 800 percent, in the "all other" group in every geographic division. This category of HHAs accounted for 84 percent of the increase in the number of HHAs between 1974 and 1979. The increase in the number of private non-profit agencies has had a notable impact on the use of HHA services.

Data for 1975 indicate a large increase in the number of private non-profit agencies since that year. In December of 1975, there were 309 certified private non-profit HHAs (Callahan, 1978).[5] Utilization statistics for 1979, when the number of private non-profit agencies had increased to 461, show that, between 1975 and 1979, private non-profit agencies accounted for 40 percent of the increase in total HHA visits. In 1975, total HHA visits were 10.8 million (Callahan, 1978), and they increased to 19.2 million visits in 1979. Private non-profit visits increased from 1.7 million to 5.0 million in the same period (Division of Information Analysis).

Services Furnished by HHAs

Agencies differ greatly in the number and variety of services offered. Some agencies provide comprehensive home care programs, while others meet the minimum Medicare requirement of offering skilled nursing care and at least one other therapeutic service (Table S). Of the six selected services in Table S, there were substantial gains in every geographic division in the number of agencies offering these services between 1974 and 1979. In addition to nursing care, 90 percent of HHAs provided home health aide services, and 79 percent provided physical therapy. The number of agencies offering occupational therapy, speech therapy, and medical social services increased by over 86 percent between 1974 and 1979.

[5] In December 1975, there were 503 visiting nurse associations, 43 combined government and voluntary agencies, 1,242 government agencies, 281 hospital-based agencies, 81 proprietary agencies, and 37 other agencies.

Nurses Employed in HHAs

The number of nurses (full-time equivalents) employed by HHAs increased from 17,070 in 1974 to 22,714 in 1979, an increase of 33.1 percent (Table T). Every geographic division registered an increase. Increases ranged from 87 percent in the Pacific States to 8.4 percent in the South Atlantic States. The ratio of enrollees per nurse is a rough measure of the availability of HHA services. The rate of increase in nurses exceeded the increase in the total Medicare population between 1974 and 1979. As a result, the number of enrollees per nurse fell 13.7 percent in the U.S., from 1,392 to 1,201 in the same period. Every division but the South Atlantic States had a decrease in enrollees per nurse employed by HHAs. A recent study found a positive rank order association by census division between HHA nurses per 1,000 enrolled and the proportion of enrollees receiving nursing visits (Callahan, 1978).

The substantial increases in the number of HHAs, in the variety of services offered, and in the number of HHA employed nurses were reflected in the increasing proportion of enrollees receiving reimbursed HHA services and the amount of HHA reimbursements. Between 1974 and 1979, the proportion of HI enrollees receiving reimbursed HHA services increased from 17 per 1,000 to 26 per 1,000. HHA reimbursements increased from $137 million to $528 million, an average annual increase of 31 percent, a rate of increase greater than any other type of provider (Ruther, in preparation). However, in 1979 reimbursements for HHA services were only 1.8 percent of total Medicare reimbursement (Helbing, 1980).

Independent Laboratories

The number of independent laboratories approved for participation under Medicare was 3,678 in 1979, an increase of 15 percent over 1974 (Table U). Every census division except the Middle Atlantic States registered an increase in the 1974-1979 period. The largest increase, 51 percent, was in the East South Central States. California, with 901 laboratories, had the largest number (24 percent of the total) of any State, followed by New York with 223 and Illinois, 216, or 6 percent each. These three States accounted for 36 percent of the total number of independent laboratories.

TABLE S

Number of Participating Home Health Agencies Offering Selected Services in Addition to Nursing Care by Census Division, 1974-1979

Census Division	All Agencies	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide Services	Appliances and Equipment
United States							
1974	2,329	1,717	600	877	593	1,709	323
1979	2,973	2,334	1,119	1,631	1,111	2,673	545
Percent Change 1974-79	27.7	35.9	86.5	86.0	87.4	56.4	68.7
New England							
1974	343	324	152	173	117	271	37
1979	333	329	205	228	164	313	59
Percent Change 1974-79	−2.9	1.5	34.9	31.8	40.2	15.5	59.5
Middle Atlantic							
1974	282	270	93	143	108	227	77
1979	289	279	148	217	159	272	88
Percent Change 1974-79	2.5	3.3	59.1	51.7	47.2	19.8	14.3
East North Central							
1974	335	276	65	148	64	192	27
1979	450	355	173	250	125	376	33
Percent Change 1974-79	34.3	28.6	166.2	68.9	95.3	95.8	22.2
West North Central							
1974	244	151	38	70	29	201	25
1979	365	200	79	115	56	345	52
Percent Change 1974-79	49.6	32.5	107.9	64.3	93.1	71.6	108.0
South Atlantic							
1974	338	196	46	98	67	276	32
1979	428	361	170	279	198	410	98
Percent Change 1974-79	26.6	84.2	269.6	184.7	195.5	48.6	206.3
East South Central							
1974	298	176	93	28	33	224	35
1979	426	292	98	163	95	406	104
Percent Change 1974-79	43.0	65.9	5.4	482.1	187.9	81.3	197.1
West South Central							
1974	254	114	15	82	80	147	50
1979	314	199	40	130	118	232	38
Percent Change 1974-79	23.6	74.6	166.7	58.5	47.5	57.8	−24.0
Mountain							
1974	91	75	24	42	19	61	12
1979	139	107	54	76	55	117	27
Percent Change 1974-79	52.7	42.7	125.0	81.0	189.5	91.8	125.0
Pacific							
1974	144	135	74	93	76	110	28
1979	229	212	152	173	141	202	46
Percent Change 1974-79	59.0	57.0	105.4	86.0	85.5	83.6	64.3

TABLE T

Number of Participating Home Health Agencies and Nurses Employed by Census Division, 1974 and 1979

Census Division	Nurses Employed [1]			Enrollees per Nurse		
	1974	1979	Percent Change	1974	1979	Percent Change
United States	17,070	22,714	33.1	1,392	1,201	−13.7
New England	2,008	2,762	37.5	722	586	−18.8
Middle Atlantic	4,076	4,561	11.9	1,088	1,077	− 1.0
East North Central	2,356	3,185	35.2	1,851	1,525	−17.6
West North Central	1,141	1,939	69.9	1,889	1,205	−36.2
South Atlantic	3,295	3,571	8.4	1,132	1,281	13.2
East South Central	1,503	2,433	61.9	1,051	748	−28.8
West South Central	1,107	1,694	53.0	2,020	1,533	−24.1
Mountain	662	847	27.9	1,335	1,314	− 1.6
Pacific	921	1,722	87.0	3,145	1,994	−36.6

[1] Comprises registered professional nurses and licensed practical nurses.

TABLE U

Number of Approved Independent Laboratories by Division and State, 1974 and 1979

Division and State	1974	1979	Percent Change 1974-1979
United States	3,194	3,678	15.2
New England	221	254	14.9
Connecticut	61	81	32.8
Maine	—	2	—
Massachusetts	131	128	- 2.3
New Hampshire	4	6	50.0
Rhode Island	21	34	61.9
Vermont	4	3	-25.0
Middle Atlantic	530	498	- 6.0
New Jersey	131	107	-18.3
New York	254	223	-12.2
Pennsylvania	145	168	15.9
East North Central	492	588	19.5
Illinois	207	216	4.3
Indiana	41	40	- 2.4
Michigan	118	167	41.5
Ohio	107	142	32.7
Wisconsin	19	23	21.1
West North Central	146	216	47.9
Iowa	14	17	21.4
Kansas	26	31	19.2
Minnesota	16	27	68.8
Missouri	66	109	65.2
Nebraska	9	12	33.3
North Dakota	9	13	44.4
South Dakota	6	7	16.7
South Atlantic	335	384	14.6
Delaware	12	12	—
District of Columbia	4	12	200.0
Florida	141	141	—
Georgia	33	54	63.6
Maryland	73	78	6.8
North Carolina	11	21	90.9
South Carolina	15	17	13.3
Virginia	32	29	- 9.4
West Virginia	14	20	42.9

(continued)

TABLE U (continued)

Number of Approved Independent Laboratories by Division and State, 1974 and 1979

Division and State	1974	1979	Percent Change 1974-1979
East South Central	99	149	50.5
Alabama	19	45	136.8
Kentucky	40	40	—
Mississippi	15	24	60.0
Tennessee	25	40	60.0
West South Central	256	335	30.9
Arkansas	11	24	118.2
Louisiana	36	50	38.9
Oklahoma	49	56	14.3
Texas	160	205	28.1
Mountain	179	192	7.3
Arizona	53	54	1.9
Colorado	45	51	13.3
Idaho	6	14	133.3
Montana	7	9	28.6
Nevada	20	22	10.0
New Mexico	26	19	-26.9
Utah	18	17	- 5.6
Wyoming	4	6	50.0
Pacific	936	1,062	13.5
Alaska	2	5	150.0
California	803	901	12.2
Hawaii	19	31	63.2
Oregon	45	44	- 2.2
Washington	67	81	20.9

Appendix A: Requirements for Participation

Hospitals

Hospitals certified to provide services to Medicare beneficiaries include short-term general and specialty hospitals; tuberculosis, psychiatric, and other long-term general and specialty hospitals; and Christian Science sanatoriums. To participate in the program and be reimbursed for services provided, a hospital must meet statutory requirements and be in substantial compliance with conditions established by the Secretary of Health and Human Services in the interest of the health and safety of patients. To complete requirements for participation, the hospital must enter into an agreement with the Health Care Financing Administration not to charge for covered items and services, except deductibles and coinsurance amounts, and to reimburse the patient where such charges have been made in error. The hospital must also agree to provide services on a nondiscriminatory basis in accordance with Title VI of the Civil Rights Act of 1964.

Hospitals are considered in substantial compliance with the conditions of participation if:

1. The hospital is accredited by the Joint Commission on Accreditation of Hospitals and has established a utilization review plan, and such plan is in effect on or before the first day a hospital becomes a participating provider; or
2. The hospital meets the statutory requirements and is found to be operating in accordance with all conditions of participation with no significant deficiencies; or
3. The hospital meets the specific statutory requirements of Section 1861 (e) of the Act, but is found to have deficiencies with respect to one or more conditions which:
   a. it is making reasonable plans and efforts to correct, and
   b. notwithstanding these deficiencies, is rendering adequate care without hazard to the health and safety of individuals being served, taking into account special procedures or precautionary measures that have been, or are being, instituted.

Home Health Agencies

Home health agencies certified to provide services to Medicare beneficiaries include public or private agencies such as visiting nurse associations, subdivisions of State or local health departments or other State or local departments, combinations of visiting nurse associations and local health departments, and proprietary, private non-profit and home health care divisions of hospitals or other health care institutions that are primarily engaged in providing skilled nursing and other therapeutic services in the home.

For an agency to be eligible for participation in the program, it must meet the statutory requirements of Section 1861(o) of the Social Security Act, and there must be a finding of substantial compliance on the part of the agency with all the other conditions of participation. Agencies in States requiring licensing must be approved by the State or local agency.

During the period, from 1974 to 1979, private organizations that were not nonprofit groups exempt from Federal income taxation under Section 501 of the Internal Revenue Code of 1954 could not be certified to be home health agencies under the Medicare program unless they were licensed under State law and met additional standards and requirements prescribed in the regulations.[6] Under the hospital insurance program only, an agency that provides care and treatment primarily of patients with mental diseases cannot be considered a home health agency.

The Secretary may, at the request of a State, establish higher health and safety requirements for agencies in that State than in other States. Where a State or political subdivision establishes higher requirements for home health agencies as a condition for the purchase of services under Title I, XVI, or XIX of the Social Security Act, the same requirements must be applied under Medicare. All home health agencies must also comply with the requirements of Title VI of the Civil Rights Act of 1964.

Independent Laboratories

A major benefit provided under the SMI program is reimbursement for diagnostic laboratory tests performed in an independent clinical laboratory, one which is independent of the attending physician's office and of a hospital that participates in the program. A laboratory operating under the direction of a physician primarily for the performance of diagnostic laboratory services for other physicians is considered an independent laboratory.

The laboratories maintained by physicians for performing diagnostic tests in connection with their own practices are not considered independent laboratories. To participate in the Medicare program, a laboratory must be approved by the Secretary of Health and Human Services as meeting the specific requirements for participation under the program. Section 1861(a) of the Social Security Act stipulates that, where State or local laws provide for licensing laboratories, the laboratory be licensed in accordance with such laws or be approved by the agency of the State or locality responsible for such licensing.

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[6] This requirement was removed by the Omnibus Reconciliation Act of 1980 (P.L. 96-499), effective 1981.

Skilled Nursing Facilities

A skilled nursing facility (SNF) is an institution, or a distinct part of an institution, primarily engaged in providing skilled nursing care or rehabilitation services. These services are intended for patients who had been hospitalized for treatment of a medical condition and who, while no longer requiring the full range of hospital services, still need full-time skilled nursing care or rehabilitation services in an institutional setting. The Social Security Amendments of 1972 (P.L. 92-603) established uniform standards for Medicare and Medicaid SNFs.

Facilities certified to provide skilled nursing services under Medicare include skilled nursing facilities, distinct parts or units of hospitals, domiciliary institutions, and rehabilitation centers. The phrase "a distinct part of an institution" means an area physically separated from the rest of the institution and representing an entire, physically identifiable unit, such as separate building, floor, wing, or ward.

To participate in the health insurance program, SNFs must satisfy requirements specified in the law and regulations issued by the Secretary of Health and Human Services. The facility must maintain clinical records for all patients; have policies developed by a group of professional personnel, including one or more physicians and one or more registered professional nurses; have a medical staff member responsible for the execution of such policies; provide 24-hour nursing service; and have at least one registered professional nurse employed full time. The facility must provide appropriate methods and procedures for dispensing and administering drugs and biologicals and have an acceptable utilization review plan. Facilities also must be licensed or approved for licensing by a State or local agency. In addition, the Secretary of Health and Human Services may prescribe other requirements deemed necessary to protect the health and safety of the institutions' patients.

Skilled nursing facilities must have in effect, or must have attempted in good faith to enter into, a transfer agreement with one or more participating hospitals sufficiently close to the facility to make feasible the transfer of patients (and medical and other information) whenever such a transfer would be medically appropriate as determined by an attending physician. The transfer agreement must specify the responsibilities each institution assumes in the transfer of patients (and information) between the hospital and the skilled nursing facility. These responsibilities include notifying the other institution promptly of the impending transfer of a patient, arranging for appropriate and safe transportation, and arranging for the care of patients during transfer.

Appendix B: Certification Process [7]

Facilities that wish to participate under the Medicare program must apply and establish their eligibility. As previously indicated, the provider must demonstrate that it meets the applicable conditions of participation.

Title XVIII of the Social Security Act provides that State agencies—primarily health departments—operating under agreement with the Secretary, will determine whether prospective providers meet the conditions of participation. The State agencies certify to the Department of Health and Human Services the institutions that meet the statutory and regulatory standards. A provider that is found to meet the specific statutory requirements, and to be in substantial compliance with additional conditions prescribed in regulations, may sign an agreement with the Health Care Financing Administration to become a participating facility.

In carrying out their responsibilities under the health insurance program, the State agencies (1) conduct field surveys of providers to determine the extent to which these facilities are in substantial compliance with the applicable conditions of participation; (2) undertake periodic resurveys of participating facilities to determine whether they continue to meet such conditions; (3) consult with facilities experiencing difficulties in meeting the participating requirements; (4) identify non-participating hospitals that could be reimbursed under the program for emergency services and also identify non-participating hospitals and skilled nursing homes in which an inpatient stay may affect a "spell of illness;" and (5) coordinate activities conducted under medical assistance programs. The State agencies are reimbursed for the costs of activities they perform under the program, including related costs of administrative overhead and staff.

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[7] For the statutory definition of providers and suppliers of services and the detailed conditions of participation under Medicare, see *Code of Federal Regulations,* Title 42, Chapter IV, Part IV, Part 405, Office of the Federal Register, General Services Administration.

Appendix C: Sources of Data

Data included on the four HCFA applications ("Request to Establish Eligibility"—HCFA Forms-1514, 1515, 1516, and 1557—Figures 1-4, respectively) used by providers to request certification for participation are recorded in central provider records maintained as part of the Medicare/Medicaid Automated Certification System (MMACS). These are updated as facilities are periodically recertified, as changes occur between recertifications (that is, changes in ownership, changes in capacity, services and facilities added or dropped), as new providers apply for participation, or as some leave the program. Upon receipt of these forms, the Health Care Financing Administration enters the information into a master provider of services file. All data shown in the general and text tables of this report are compiled from the information shown on the "Request to Establish Eligibility" and on the "Certification and Transmittal." (See Figure 5, Form HCFA-1539.) The information supplied by each provider includes such items as the State and county in which the facility is located, number of certified beds (in hospitals and skilled nursing facilities), type of control, type of services and facilities, and staff characteristics, including the number of selected categories of medical and paramedical personnel, expressed in full-time equivalents. When the information in the master provider of services file is combined with utilization data, it relates the characteristics of facilities that provide care to the type and cost of services used by Medicare enrollees.

Appendix D: Definitions

Definitions Relating to Hospitals

"Hospital Requests to Establish Eligibility" are completed by all applicant hospitals in accordance with instructions furnished by the Health Care Financing Administration. For some items on the forms, familiarity by these respondents with the well-established definitions promulgated by the American Hospital Association was assumed. These definitions and explanations are shown below.

Types of Hospitals

Long-stay general and special hospitals—Includes those hospitals where the average length of stay is 30 days or more. Such hospitals may be general, chronic disease, or special long-stay hospitals. Hospitals primarily for the care and treatment of tuberculosis or mental disease are excluded.

Short-stay general and special hospitals—Includes only those where the average length of stay has been, or is, under 30 days.

Tuberculosis hospitals—Includes only those hospitals primarily engaged in providing medical services for the diagnosis and treatment of tuberculosis by or under the supervision of a physician.

Psychiatric hospitals—Includes only those hospitals primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons by or under the supervision of a physician.

Hospital Control

Voluntary—Hospital whose governing authority is a non-profit organization. For Roman Catholic hospitals, this organization can either be a nursing order, national or international, or the local ecclesiastical authority, that is, the local bishop.

Proprietary—Hospitals in which the governing authority is an individual partnership or profit-making corporation.

Government—Hospitals whose governing authority is a unit of government. The unit may be a State, county, city, city or county government jointly, or a hospital district established by a State agency. Federal hospitals, by law, cannot participate in Medicare. However, some Federal hospitals are included in this report because the Secretary of HHS found they served the community as a whole.

Hospital Facilities and Services

Adult hospital beds—Includes beds regularly available for use by inpatients. These may be beds in isolation units, quiet rooms, reception and observation units, or any other such bed facilities that are set up and staffed for use by inpatients who have no other bed facilities assigned to or reserved for them. The category excludes beds in facilities that are set up and staffed only for patients receiving special procedures for a portion of their stay, or which are used only as holding facilities prior to transfer to another hospital—for example, beds in labor rooms, post-anesthesia or post-operative recovery rooms, or psychiatric holding beds.

Blood bank—Facility responsible for the drawing and processing of blood from donors, the typing and compatibility procedures, and titering of antibodies, the manufacture of blood products, and the transfusion service.

Clinical laboratory—Laboratory responsible for tests and procedures in the fields of microbiology, serology, clinical chemistry hematology, and immunohematology.

Pathology laboratory—Laboratory responsible for test procedures in the fields of tissue pathology, exfoliative cytology, and autopsies.

Intensive care unit—A special area within a hospital for the treatment of critically ill patients who are under constant surveillance, with emergency techniques and equipment immediately available.

Organized outpatient department—Organized facilities and services of the hospital for the provision of medical care, including diagnosis and/or treatment, primarily for ambulatory patients.

Emergency department—Organized facilities and services of the hospital for the provision of emergency outpatient services for conditions considered to require immediate care. Unit must be staffed 24 hours a day.

Nuclear medicine—A facility where artificial and radioactive substances are used by physicians in the diagnosis and treatment of disease.

Cobalt and radiation therapy—Use of cobalt and natural radiation therapy units by physicians in the controlled treatment of disease.

Psychiatric inpatient care unit—A special section, ward, wing, floor, or separate building devoted primarily to the care of psychiatric inpatients.

Rehabilitation unit—A unit that has as its primary objective the restoration of a patient to an optimal level of function through physical and restorative methods.

Extended-care unit—A component in a hospital where medical care of an intensity less than that required in the hospital proper, but including 24-hour skilled nursing service and other therapeutic services, is required for the level of care appropriate to the status of the recovering patient.

Definitions Relating to Home Health Agencies

Types of Agencies

Visiting nurse association—A voluntary unofficial agency administered by a citizens' group, usually supported by earnings and/or contributions.

Combination government and voluntary agency—An agency jointly administered by a voluntary group and a government agency and supported by tax funds and contributions. Such a home health agency is usually one jointly administered by a State or local health department and a visiting nurse association.

Official health agency—An agency administered by a State, county, or other local unit of government, supported by tax funds.

Hospital-based agency—An agency administered by a hospital, supported by taxes and/or community funds.

Private nonprofit agency—An agency exempt from Federal income taxation under Section 50 of the Internal Revenue Code of 1954.

Proprietory agency—A private profit-making agency licensed by the State.

Other agencies—Groups other than visiting nurse associations, combination government and voluntary agencies, official health agencies, or hospital-based agencies that administer organized programs. Such agencies might include those that are rehabilitation facility-based, skilled nursing facility-based, industrial, or associated with other home care programs.

Types of Reimbursable Services

Skilled nursing service—Professional nursing service provided by or under the supervision of a registered professional nurse, currently licensed by the State, in accordance with the orders of a physician.

Physical therapy—Service provided by or under the supervision of a qualified physical therapist in accordance with a physician's orders. A qualified physical therapist is a graduate of a program in physical therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Physical Therapy Association, or one who has had equivalent training. Where applicable, the therapist is licensed or registered by the State.

Speech therapy—Speech pathology or audiology provided by, or under the supervision of, a qualified speech therapist in accordance with a physician's orders. A qualified speech therapist is a person who has been certified by the American Speech and Hearing Association, or one who has completed the academic requirements and is in the process of accumulating the necessary supervised work experience needed for such certification.

Occupational therapy—Service provided by or under the supervision of a qualified occupational therapist in accordance with a physician's orders. A qualified occupational therapist is one who is registered by the American Occupational Therapy Association or who has been graduated from a program in such therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association.

Medical social services—Services provided by or under the supervision of a qualified medical social worker in accordance with a physician's orders. Qualified medical social workers are graduates of a school of social work accredited by the Council of Social Work Education and have had social work experience in a hospital, outpatient clinic, or medical rehabilitation, or medical care program.

Home health aide services—Services directed toward the personal care of the patient provided under the supervision of a registered professional nurse or, if appropriate, a physical, speech, or occupational therapist in accordance with the orders of a physician.

Services of residents—Medical services provided by residents in training, which under an approved hospital teaching program may be reimbursed, provided the home health agency is affiliated or under common control of a hospital with an approved teaching program.

Appliances and equipment—Medical appliances and items of equipment (except drugs and biologicals) owned or rented by the home health agency and required by the patient to facilitate treatment and rehabilitation.

Definitions Relating to Skilled Nursing Facilities

Types

Skilled nursing facilities—Institutions certified in their entirety to provide skilled nursing care or rehabilitation services under the Medicare program.

Distinct part of skilled nursing facility—Skilled nursing facilities certified only in part for participation in the program.

Unit of hospital—Distinct parts of hospitals, such as a ward or wing, in which the primary objective is providing skilled nursing or rehabilitation services.

SNF-ICF (Swing Bed)—A facility or part of a facility that is rendering more than one level of care to patients housed in the same physical location.

Other—Distinct parts of rehabilitation centers in which the primary objective is providing skilled nursing rehabilitation services.

Facilities and Services

Nursing beds—Includes beds regularly available for use by inpatients receiving skilled nursing care and related services or rehabilitation services under the supervision of at least one physician and one registered nurse, with 24-hour nursing service. Only nursing beds can be certified for participation in the program. Beds for patients receiving custodial care who do not require the attention of medical or allied health personnel cannot be certified for participation.

Nursing—Organized facilities and 24-hour nursing services provided by qualified nursing personnel of sufficient numbers and categories to meet the nursing needs of patients, with at least one registered professional nurse employed full-time and responsible for the total nursing service.

Physical therapy department—Organized facilities and services at the institution or by arrangement with an appropriate institution for the provision of physical therapy services prescribed by physicians and administered by or under the direction of a qualified physical therapist.

Recreational activities—Organized facilities and services suited to the needs and interest of patients to encourage restoration to self-care and resumption of normal activities, directed by an individual who either has training or experience in group activities or who can consult with a qualified recreational therapist or group activity leader.

Pharmacy—Facilities and services at the institution or by arrangement with an appropriate institution which provide appropriate methods for obtaining, dispensing, and administering drugs and biologicals, developed with the advice of a staff or consultative pharmacist or a pharmaceutical advisory committee which includes one or more licensed pharmacists.

Appendix E: The Statistical System of the Medicare Program

The primary objective of the Medicare statistical system is to provide data to measure and evaluate program operation and effectiveness. Benefit payment operations furnish information about the amount and kind of hospital and medical care services used by disabled persons and persons age 65 and over, as well as about the expenditures for such services. The applications by hospitals, SNFs, HHAs, independent laboratories, and suppliers of portable X-ray and outpatient physical therapy services to participate in the program provide data on their characteristics. The claim number assigned to each individual serves as the link between the services used under Medicare and the demographic characteristics of individual beneficiaries.

The Basic Records

The statistical system is based on four related computer records: the health insurance master file, the provider record, the hospital insurance (Part A) utilization record, and the medical insurance (Part B) payment record.

The Health Insurance Master File

The health insurance master file identifies each aged and disabled person eligible for health insurance benefits and indicates whether he or she is entitled to HI benefits, to SMI benefits, or to both. The entitlement record provides the population data for each part of the program which serves as the base for the computation of a variety of utilization rates. The record is limited only by its demographic content.

Provider Record

Every hospital, HHA, SNF, independent clinical laboratory, and supplier of portable X-ray or outpatient physical therapy service must apply for participation in the Medicare program. Data on the application forms are stored in the central provider record and are updated as facilities are recertified periodically, as new ones apply for participation, and as some leave the program. When the information in this provider file is combined with utilization data, it relates the characteristics of facilities and agencies that provide care to the kinds and amounts of services used by persons insured under Medicare.

Utilization Record for Hospital Insurance

The administration of the HI program requires that two things be known about each person at the time of admission to a hospital—the individual's entitlement under the program and the extent to whcih he or she has used the benefits available.

When a patient is admitted to a hospital, the admission section of the inpatient hospital admission and billing form is completed by the hospital and forwarded through its intermediary to the Health Care Financing Administration's (HCFA's) central record. As soon as the record is checked, normally in less than 24 hours, the intermediary is informed of the patient's benefit status and of the number of days of inpatient care to which he or she is entitled during the current benefit period. This information is then forwarded to the hospital.

At discharge, the hospital completes the billing section of the form and sends it to the intermediary for payment. When payment is approved, the intermediary forwards the claim to HCFA for inclusion in the central record.

As part of this process, information on diagnoses and surgical procedures is coded for a 20 percent sample of beneficiaries based on specified combinations of digits in the health insurance claim number. HHAs and SNFs handle admission and billing forms in a comparable manner. The outpatient billing form is also transmitted to HCFA for entry in the central record, after the bill is approved for payment by the intermediary.

All the information on utilization experience in hospital and SNFs that is needed to administer the "benefit period" provision is recorded centrally. This information includes stays in certain non-participating institutions that meet the definition of a hospital or SNF under the law and days of care not covered or reimbursable under the program.

Each admission and billing form contains both the beneficiary's claim number and the provider's identification number. The resulting record can be readily matched to the beneficiary and provider files. This process creates a statistical tape record for the sample of insured persons. It contains the information needed for tabulation from the three files related to HI use.

Payment Record for Medical Insurance

Payment or reimbursement under the SMI program is made only after receipt of the carriers' (intermediaries involved in Part B of the Medicare program) bills with allowed charges in excess of a $60 deductible during a calendar year. (As of January 1, 1982, the deductible was raised to $75 a year).

For the enrolled population, carriers need to know from a central source the amount of the deductible that has been met; during the remainder of the calendar year, the only additional information required from HCFA for reimbursement or payment is whether the person is still enrolled under the SMI program.

The administration and operation of the program requires accurate and complete information on the amounts paid by the carriers for physician services and for other services and supplies under this part of the program. To meet these needs, carriers furnish a payment record consisting of tape, punched card, or other machine-readable form of each bill paid. A bill is defined as a request for payment from or on behalf of a beneficiary, as the result of services provided by a single physician or supplier.

Appendix F: Provisions of the Law and Regulations

The Medicare program, enacted on July 30, 1965 as Title XVIII of the Social Security Act, became effective on July 1, 1966. In 1972, Public Law 92-603 made major changes in the program's provisions. Effective July 1, 1973, the name of the Medicare program was officially changed to Health Insurance for the Aged and Disabled (the Social Security Act as amended through December 31, 1978).

Effective July 1, 1973, Medicare coverage was extended to disabled beneficiaries under the social security and railroad retirement programs and to persons under 65 years of age who require dialysis or a kidney transplant for end-stage renal disease (ESRD).

The program makes available two separate but complementary insurance programs: 1) hospital insurance that covers nearly all persons 65 years of age and over, disabled beneficiaries under 65 years of age who are entitled to benefits for at least 24 consecutive months, and covered workers and their dependents with ESRD who require renal dialysis or a kidney transplant, and 2) supplementary medical insurance that covers those persons who voluntarily pay the premiums. Beginning July 1973, most persons

65 years of age and over who are otherwise ineligible for hospital insurance may enroll voluntarily and pay the premium for hospital coverage if they are enrolled for supplementary medical insurance.

Hospital Insurance Program

Following a period of hospitalization, the hospital insurance (HI) program pays for part of the cost of inpatient hospital care and related health care services provided by skilled nursing facilities (SNFs), formerly termed extended-care facilities, and home health agencies (HHAs). For the services to be covered, they must be provided by institutions and organizations that have been certified as qualified providers of services, and the providers must have signed an agreement to participate in the program (Code of Federal Regulations, 1980).[8]

Benefits

The law provides limits on services which may be covered under the HI program. These limits are based on the concept of a "benefit period." A benefit period begins with the first day of hospitalization and ends when the individual has not been a bed patient in a hospital or SNF for 60 consecutive days.

The law also establishes cost-sharing by the individual through deductible and coinsurance payments. The Secretary of the Department of Health and Human Services is required each year to determine the deductible amount by a formula specified by law. The formula is based on the average *per diem* rate for inpatient services furnished to beneficiaries during the preceding calendar year. The deductible amount tends to approximate the current cost of one day in a hospital. The coinsurance amount for hospital inpatient care is set at one-fourth of the deductible, for lifetime reserve days it is set at one-half of the deductible, and for skilled nursing facility services it is set at one-eighth of the deductible.

Inpatient Hospital Benefits

Covered hospital services include room and board in accommodations containing from two to four beds, nursing services (except for private duty nursing), drugs and biologicals, and other services ordinarily furnished by a hospital to its inpatients.

The program does not cover the services of physicians, including staff radiologists, anesthesiologists, pathologists, and psychiatrists, except for services provided by interns or residents under approved teaching programs.

The program pays for the "reasonable costs" of covered services in a participating hospital for up to 90 days in a benefit period. Full payment is made for the first 60 days of hospitalization less a deductible applicable to each benefit period. The deductible, which is adjusted each year, was $160 in 1979. For each of the remaining 30 days in the benefit period, the patient pays a coinsurance amount equal to one-fourth of the deductible.

Each hospital insurance beneficiary also has a "lifetime reserve" of 60 additional hospital days which can be used at his or her option when the 90 days covered in a benefit period are exhausted. In 1979, lifetime reserve days were subject to a copayment of $80 per day (equal to one-half of the deductible).

The cost of the first three pints of blood (or equivalent amounts of packed red blood cells) furnished a patient during a benefit period is also deductible, unless the patient arranges for replacement. Charges for any additional blood are covered under the program as are charges for blood administration, storage, etc.

The program also pays for emergency services in a nonparticipating hospital. Each nonparticipating hospital providing emergency services may elect to claim payments from the Medicare program for emergency services rendered beneficiaries in a given year. If the hospital elects this option, reimbursement is made as just described. If the hospital elects not to bill the program, the beneficiary claims direct payment and submits the itemized bill. In this case, reimbursement is based on reasonable charges for covered services and amounts to 60 percent of reasonable charges for room and board, plus 80 percent of such charges for ancillary services. Payment is subject to the deductible and coinsurance provisions of the law.

Hospital insurance benefits also include reimbursement for inpatient tuberculosis and psychiatric hospital services. However, there is a lifetime limit of 190 days of care in the psychiatric hospital. When a person in a participating psychiatric hospital becomes entitled to hospital insurance, the number of days he or she was an inpatient in the 150-day period prior to eligibility is deducted from the individual's days of entitlement to inpatient psychiatric care in that benefit period, but not from the lifetime limitation.

Hospital insurance benefits have been extended to cover payments for inpatient services furnished by a foreign hospital, if it is closer or more accessible to the beneficiary's residence than a U.S. hospital. For benefits to be payable, the beneficiary must be a U.S. resident and the foreign hospital must be accredited by, or have standards equivalent to, the Joint Commission on Accreditation of Hospitals (JCAH).

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[8] For regulations pertaining to certification requirements, see *Code of Federal Regulations, 1980*. An exception exists under special provisions for hospitals certified to provide only emergency services.

Skilled Nursing Facility Benefits

Covered post-hospital care furnished by an SNF includes nursing care, room and board, physical, occupational, or speech therapy, drugs and biologicals, medical services of an intern or resident-in-training of a hospital having a transfer agreement with the SNF, and other necessary health care services generally provided by such facilities.

The program pays for the reasonable costs of all covered inpatient services in participating SNFs for up to 100 days in a benefit period. Benefits are payable only following discharge from a hospital after a stay of 3 or more consecutive days; generally the admission to the facility must occur within 14 days of hospital discharge.[9] However, a period of up to 28 days after discharge from a hospital is permitted when the patient's medical condition or shortage of beds delays the admission date. Full payment is made for the first 20 days. For each of the remaining 80 days, the patient pays a coinsurance amount per day equal to one-eighth of the inpatient hospital deductible ($20 in 1979).

For SNF services to be covered, a physician must certify that the patient needs daily skilled nursing care or skilled rehabilitation services and must order the services. The 1972 amendments include a provision for advance approval of SNF services, whereby the Secretary [10] establishes by medical condition when a patient will require skilled nursing care services after hospitalization. Accordingly, a patient's physician may certify the need for an SNF and submt a plan, in advance of admission, as to the type of services to be provided. The plan will be presumed to be the type of covered care furnished by an SNF.

Post-Hospital Home Health Benefits

Covered home health services may include part-time or intermittent nursing care, physical, occupational, or speech therapy, part-time or intermittent services of a home health aide, medical supplies (other than drugs and biologicals) and the use of medical appliances, and, in certain cases, services of an intern or resident-in-training of a teaching hospital. The services must be furnished by or under the auspices of an approved HHA.

Coverage under HI provides for payment of the reasonable cost of up to 100 home health visits after the beginning of one benefit period and before the beginning of the next.[11] There is no deductible and no coinsurance. The visits must occur within a year following a beneficiary's most recent discharge after a hospital stay of at least three consecutive days or from a covered stay in an SNF. The home heatlh services must be necessary for further treatment of a condition for which the patient received services in the hospital or SNF. A home health plan must be established by the patient's physician within 14 days after the discharge. The 1972 amendments include a provision for advance approval of home health coverage similar to that provided for skilled nursing care services.

Supplementary Medical Insurance Program

The supplementary medical insurance (SMI) program provides coverage for a variety of medical services and supplies furnished by physicians or others in connection with physicians' services, outpatient hospital services, and home health services. Individuals participate voluntarily in the program. Premiums are paid by or on behalf of all beneficiaries and by the Federal Government from general revenues.

Benefits

Physicians' services covered under the program include visits to the home, office, hospital, and other institutions. The program also pays for other services and supplies, such as drugs and biologicals that cannot be self-administered, if they are furnished as a part of a physician's professional service. It also covers diagnosic X-ray tests, diagnostic laboratory tests and other diagnostic tests, X-rays, radium and radioactive isotope therapy, splints, casts, and other devices used for reduction of fractures and dislocations, purchase or rental of durable medical equipment, ambulance service, and prosthetic devices that replace all or part of an internal organ. Home health visits provided by a certified HHA in accordance with a home health plan established by the patient's physician are also covered. (No prior hospitalization is necessary.) Payment may be made for up to 100 home health visits in a calendar year without regard to similar services received under the HI program.[12]

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[9] The Omnibus Reconciliation Act of 1980 (P.L. 96-499) changed the period during which admission to a SNF must be effected to 30 days.

[10] In 1972, this referred to the Secretary of the Department of Health, Education, and Welfare. With the reorganization of 1980, the Medicare program was placed under the direction of the Secretary of the Department of Health and Human Services.

[11] The Omnibus Reconciliation Act of 1980 (P.L. 96-499) removed the limit on home health visits and the 3 day prior hospitalization requirement effective July 1, 1981.

[12] The Omnibus Reconciliation Act of 1980 (P.L. 96-499) removed the limit on the number of visits and eliminated the applcation of the SMI deductible to HHA services under SMI.

Hospital services incidental to physicians' services rendered to outpatients and outpatient speech and physical therapy services are also covered. In addition, effective July 1, 1973, the 1972 amendments provided for services of a physical therapist in independent practice furnished in the office or the patient's home, under a physician's plan. Reimbursement would be limited to not more than $100 of incurred expenses in a calendar year.[13]

Some services of licensed chiropractors are covered. Covered services are limited to treatment by means of manual manipulation of the spine to correct a subluxation (partial dislocation) demonstrated by X-ray.

In each calendar year through 1972, a $50 deductible had to be satisfied before payment could be made under the SMI program. In 1973, the deductible was raised to $60, and January 1, 1982, it was raised to $75. Bills count toward the deductible on the basis of incurred rather than paid expenses; only charges allowed under the program count toward the deductible. To preclude the possibility of a beneficiary having to meet a deductible twice in a short period of time, a "carryover" provision is applied. Accordingly, covered expenses incurred in the last quarter of the year and applied to the deductible in that year are also credited toward the deductible for the following year.[14]

After the deductible has been met, the SMI program pays for 80 percent of the allowed (reasonable) charges for covered physician services and most other medical services. However, deductible and coinsurance requirements do not apply to the services of radiologists and pathologists furnished to hospital inpatients. "Reasonable" charges for such services are reimbursed.[15]

When an independent laboratory bills patients directly and accepts assignment, the Secretary of the Department of Health and Human Services is authorized to negotiate a payment rate with the laboratory for the diagnostic tests it provides Medicare beneficiaries. Reimbursement on assigned bills is made at 100 percent of the negotiated rate; the deductible and coinsurance requirements do not apply. Hospital services incidental to outpatient care and home health services are subject to the deductible [16] and are reimbursed on the basis of 80 percent of reasonable costs. However, coinsurance payments for home health services were eliminated after December 1972.

The law sets special limits on the payment which may be made for outpatient treatment of mental illness; recognition of incurred expenses is limited to the lesser of $312.50 or 62.5 percent of actual expenses in a calendar year. Since only 80 percent of allowed charges may be reimbursed, the effect is to limit payment to $250 or 50 percent of the allowed charges in any year after the deductible has been met, whichever is less.

Eligibilty

Hospital Insurance

Almost all persons 65 years of age and over are eligible for benefits under the HI program. Included are those entitled to monthly social security cash benefits or payments from the railroad retirement system. Further, a special transitional provision granted eligibility for certain persons who did not qualify for monthly cash benefits on the basis of their own covered employment or as dependents or survivors of insured workers. The provision applied, generally, to a person 65 years of age and over who 1) attained age 65 before 1968, or 2) attained age 65 after 1967 with not less than three quarters of social security coverage, whenever acquired, for each calendar year elapsing after 1966 and before the year in which he or she attained age 65. For persons who reached age 65 after 1968, the amount of work credits (quarters of coverage) needed increased by three quarters each year—six quarters were needed by those who reached age 65 in 1969, nine by those who reached age 65 in 1970, and so on. The transitional provision does not apply to persons who reach 65 years of age after 1974.

Hospital insurance protection under certain circumstances can be retroactive for as many as 12 months before the month an individual files an application for entitlement. For example, an individual may apply 11 months after attaining age 65 and still be entitled to benefits from the month he or she attained age 65.

Effective July 1, 1973, disabled persons entitled for not less than 24 consecutive months to cash benefits under the social security or railroad retirement programs are eligible for benefits under the HI program.[17]

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[13] The Omnibus Reconciliation Act of 1980 (P.L. 96-499) increased the limit to $500 starting Jan. 1, 1982.

[14] The Omnibus Reconciliation Act of 1981 (P.L. 97-35) increased the SMI deductible. The carryover provision was eliminated by P.L. 97-35 effective Jan. 1, 1982. Expenses applied toward the deductible in any one calendar year must have been incurred in that year.

[15] Under the Omnibus Reconciliation Act of 1980 (P.L. 96-499), effective June 1981, 100 percent of reasonable charges for these services were paid only if physicians accepted assignment.

[16] See footnote 12.

[17] The Social Security Amendments of 1980 (P.L. 96-265) removed the consecutive months requirement, effective 12/1/80. Months from previous periods of disability benefit entitlement may be counted in determining when the 24-month qualifyng period requirement is met provided the current onset begins within certain time limits following the earlier period of entitlement.

Those covered include disabled workers under 65 years of age disabled widows and disabled dependent widowers between 50 and 65 years of age, women 50 years of age and over entitled to mothers' benefits who for 24 months met requirements for disability benefits but did not file a claim, and disabled beneficiaries 18 years of age and over who became disabled before age 22. A person must be disabled for 5 months before disability benefits can begin. Medicare coverage begins with the 30th month after the first full calendar month of disability.

Hospital insurance protection is available to all persons who are currently or fully insured or entitled to monthly social security benefits and to their spouses or dependent children who have ESRD and require renal dialysis or a kidney transplant. Eligibility for coverage begins with the third month after a course in renal dialysis begins or before this qualifying dialysis period for ESRD beneficiaries receiving kidney transplants. Eligibility ends with the 36th month after the person had a kidney transplant or terminated dialysis.

The law now permits persons attaining age 65 who are ineligible for HI either as cash beneficiaries or under the transitional provisions to voluntarily enroll for hospital coverage. Coverage under this provision was effective July 1, 1973, and the monthly premium originally set at $33 was $63 on July 1, 1978, and rose to $69 on July 1, 1979. The premium represents the estimated *per capita* cost for services furnished under the hospital insurance program. Individuals may enroll in the HI program only if they enroll in the SMI program as well. Enrollment periods for hospital protection were the same as the initial and general enrollment periods under SMI.

Persons who retired from Federal service after July 1, 1960, and had the opportunity to be covered under the Federal Employees Health Benefits Act of 1959 are ineligible for HI benefits under transitional provisions. Also ineligible are aliens with less than 5 years of continuous residence in the United States and those persons convicted of crimes against the security of the United States.

Supplementary Medical Insurance

Persons entitled to benefits under the HI program, aged retired Federal employees, aged aliens residing in the United States, and aged persons not eligible for hospital insurance under the transitional provisions may participate voluntarily in the SMI program. To enroll prior to July 1, 1973, the person had to file a written request with the Social Security Administration during specified periods. To prevent loss of entitlement or delay, the 1972 amendments provide for automatic enrollment in SMI for persons as they become entitled to hospital insurance. An individual may decline SMI enrollment. If he or she withdraws before coverage starts, there is no premium liability, nor is the individual charged with an enrollment.

Individuals may enroll in the SMI program only during the initial and general enrollment periods. The initial enrollment period begins with the third month preceding the one in which an individual is first eligible and ends 3 months after the month of attainment, a total period of 7 months. If the person enrolls during the 3 months prior to the month in which he or she is first eligible, coverage is effective with the first month of eligiblity; if he or she enrolls during the month of eligibility, coverage begins the following month; if he or she enrolls in any of the 3 months after eligibility, coverage begins from 2 to 3 months after enrollment, depending on how long the person waited before enrolling.

Beginning with 1969, SMI general enrollment periods are from January 1 through March 31 of each year for those who did not enroll in their initial enrollment period or those who previously terminated their enrollment and wish to re-enroll. A person who enrolls during the general enrollment period is covered under SMI beginning with July 1 of the year in which he or she enrolls. Prior to the 1972 amendments, an eligible individual had to enroll within 3 years after the end of the initial enrollment period or within 3 years after termination of prior enrollment. The 3-year limitation is no longer applicable. Re-enrollment is allowed only once.[18]

A State may enroll eligible aged and disabled individuals who receive cash payments under State supplementary income or State supplementation programs or who are otherwise eligible for medical assistance under Title XIX if 1) prior to January 1, 1970, the State requested that a State-Federal enrollment agreement be established, and 2) the State pays the necessary premiums.

For a person 65 years of age and over, enrollment terminates with the beginning of the month following the month of death. For the disabled person, coverage terminates with the end of entitlement to benefits based on disability. For a person with ESRD, coverage ends 36 months after he or she has a transplant or stops dialysis treatment. Otherwise, social security and railroad retirement beneficiaries may give notice of their desire to withdraw from the SMI program at any time; their coverage is terminated at the close of the following calendar quarter. Other enrolled persons may terminate their coverage by withholding payment of premiums or by notifying the Social Security Administration in writing of their desire to withdraw from the program. The beneficiary is provided a

[18] The Omnibus Reconciliation Act of 1980 (P.L. 96-499) removed any limits on the number of times a person may re-enroll for SMI.

90-day grace period for the payment of overdue premiums, after which coverage is automatically terminated. The 1972 amendments extend the 90-day grace period for an additional 90 days when the Secretary finds there is a good cause for failure to pay the premium before the end of the initial grace period.

Financing the Program

Hospital Insurance

The hospital insurance program is financed primarily through a tax on a portion of current earnings in employment covered under the Social Security Act. The maximum amount of annual earnings to which the tax is applied began at $6,600 for calendar year 1966; it increased to $7,800 effective with 1968 and $9,000 effective with 1972. The 1977 amendments established an automatic adjustment procedure for determining maximum annual earnings based on rising wages. The maximum earnings amount was $17,700 for 1978 and $22,900 for 1979.

The same tax rate applies to employees, employers, and self-employed persons. The rate was 0.60 percent for each year 1968 to 1972. The scheduled rate for 1973 was 1.00 percent, 0.9 percent for 1974 to 1977, 1.00 percent for 1978, and 1.05 percent for 1979. Rates increase for future years up to 1.45 percent for 1986 and thereafter. The proceeds of this tax and monies collected from the railroad retirement system (with respect to the coverage of railroad retirement beneficiaries) are placed in the Federal hospital insurance trust fund from which reimbursement for all benefits and administrative expenses incurred under the hospital insurance program is made. The hospital insurance trust fund is reimbursed from general tax revenues for the cost of providing coverage for persons who qualify for hospital insurance under the transitional provisions. Amounts paid for hospital insurance coverage by persons voluntarily paying the premiums are deposited in the hospital insurance trust fund.

Supplementary Medical Insurance

The revenues of the Federal supplementary medical insurance (SMI) trust funds are derived from premiums paid by those persons enrolled for supplementary medical insurance (or on their behalf), contributions by the Federal Government from general revenues, and interest on funds deposited with the Treasury. Benefits and administrative costs are paid from monies in the Federal SMI trust fund.

The premiums of persons receiving social security cash benefits, railroad retirement, or Federal civil service annuities are deducted from their monthly benefit checks. Persons not receiving monthly benefits are billed quarterly for premiums by the Health Care Financing Administration or the Railroad Retirement Board and have a 90 day grace period in which to make payment. A person is given an additional 90 days to pay the premium when the Secretary finds there is a good cause for failure to pay the premium before the end of the initial 90 day grace period. Premiums may be paid for as long as a year in advance. For individuals financially unable to make quarterly payments, arrangements can be made for monthly payments.

AMOUNT OF PREMIUM

The Secretary of DHHS is directed by law to determine the SMI premium rate on an annual basis. The dollar amount, prior to the amendments of 1972, was required to be sufficient to produce revenue equal to one-half the expected benefit and administrative costs payable under SMI during the period in which the rate applied. Between 1966 and 1972, the premium increased from $3.00 to $5.80 a month. The 1972 amendments made changes in the method of premium determination. The rate is to be determined in December of each year and is applicable for 12 months beginning the following July. It will be increased only if social security cash benefits increase. The percentage increase in the premium in any given year may not exceed the percentage increase in cash benefits. Further, the rate must be determined so that the revenue produced does not exceed, but may be less than, one-half the expected SMI costs. When the premium revenue is less than half the expected SMI costs, the difference is paid by the Federal Government from general revenues. The monthly rate was $8.20 effective July 1978 and increased to $8.70 in July 1979.

Administration of the Program

Hospital Insurance

Under the HI program, groups or associations of providers, on behalf of their members, may nominate a national, State, or other public or private agency or organization to serve as an intermediary in the claims process. A member of an association is free, however, to receive payment from an approved intermediary other than its association's nominee if approved by the Secretary and acceptable to the intermediary selected. In addition, a provider may deal directly with the Health Care Financing Administration.

The Secretary may enter into an agreement with a nominated organization if it is consistent with effective and efficient administration of the hospital insurance program. Under the agreement, the intermediary determines the provider's reasonable costs for items and services covered under the program, makes payment, and assists in the application of safeguards against unnecessary use of covered services. The agreement may also call for (1) furnishing consultative services to

assist providers to establish and maintain necessary fiscal records and otherwise qualify as providers of services; (2) serving as a center for communicating with providers; and (3) making audits of provider records. Hospital insurance intermediaries also make payments for home health and outpatient hospital services covered under medical insurance.

Under the law, the reasonable costs of services are determined pursuant to regulations established by the Secretary of DHHS. These regulations prescribe the method(s) used to determine costs and the items to be included; they take into account both direct and indirect patient care costs (Code of Federal Regulations, Title 42, Chapter IV: Subpart D: Revised as of October 1, 1980). Requests for Medicare payment for covered services generally are submitted by the provider of services; they must be signed by the beneficiary (or someone for him or her if the beneficiary is unable to do so). The provider is reimbursed on the basis of reasonable costs of covered services and bills the beneficiary for deductible and coinsurance amounts as well as for services not covered by the program.

In some instances, hospitals may bill the program on a physician's behalf for services rendered to inpatients. In these cases, payment is made by the HI intermediary. For this type of billing, funds are transferred from the SMI trust fund to the HI trust fund to cover the cost of these services.

The intermediary selected by the provider reviews claims for payment and pays the provider. Actual payment for individual claims is made on the basis of an interim rate established between the provider and the intermediary. Final settlement for each provider's operating year is made on the basis of a cost report submitted by the provider and subject to an independent audit.

No payment can be made to Federal facilities except for emergency services, unless the provider serves as a community institution. In addition, payment cannot be made to a provider for those services it is obligated to render at public expense under Federal law or contract.

Supplementary Medical Insurance

Under the SMI program, the Secretary of DHHS may contract with carriers for the performance of specified administrative functions. The carrier's principal function is to determine whether charges are allowable (reasonable) and to make payment. Carriers also have the authority and responsibility to determine, in a given case, whether a claim is for a covered service and to deny claims for noncovered or excluded items or services. In addition, carriers assist in applying safeguards against unnecessary use of services.

The allowable charge, on which the Medicare SMI payment is based, may not exceed the lowest of (1) the physician's or supplier's customary charge for the service, (2) the prevailing charge in the locality for similar services, or (3) the charge applicable for comparable services under comparable circumstances to the policyholders or subscribers of the carrier. The 1972 amendments provided that increases in the prevailing charge levels would be limited by an economic index furnished by the Health Care Financing Administration to all carriers. The economic index relates physicians' fee increases to increases in physicians' practice expenses and increases in the general earnings level.

Allowable charges are updated annually to take into account the actual charges physicians and suppliers have billed for covered services in the preceding calendar year. The revised allowable charge levels go into effect on July 1 of each year or as soon thereafter as they can be incorporated into the carrier's payment system. Thus, for the 12 month period beginning July 1, 1980, allowable charge levels were calculated from actual charge levels for calendar year 1979. However, allowable charges may not exceed the upper limit of the prevailing charges set by law at the 75th percentile of customary charges (weighted by frequency) made for similar services.

Claims for payment of SMI benefits may be submitted to the carrier either by the patient or by the physician or other supplier of services. If the patient submits a claim (an itemized bill) directly to the carrier, he or she receives direct payment of benefits for covered services; the patient remains responsible for the physician's (or supplier's) bill. If a physician or supplier agrees to accept the allowed or reasonable charge determined by the carrier as the total charge, the physician or supplier submits the bill and is reimbursed. The patient remains responsible for the remaining 20 percent of the allowed charges for covered services and the applicable deductible.

Services furnished by group practice prepayment plans (GPPPs) to members are normally rendered in return for predetermined premium payments. In these cases, Medicare reimbursement is made directly to the GPPP. A GPPP which exercises the option provided by law to be paid 80 percent of the reasonable cost of services (in lieu of 80 percent of the allowed charge for such services) generally deals directly with the Health Care Financing Administration. Plans which choose to be paid on the basis of allowed charges are reimbursed by the SMI carrier.

For bills incurred in the SMI portion of the program after March 1968, claims must be filed no later than the close of the calendar year following the year in which the services are furnished. For services provided during the last 3 months of the calendar year, bills may be submitted through the end of the second year following.

Health Maintenance Organizations

The 1972 amendments enabled health maintenance organizations (HMOs) to receive reimbursement from Medicare on a capitation basis for both HI and SMI services. An HMO is an organization which provides to enrolled persons, either directly or by arrangement with others, comprehensive health services on the basis of a periodic rate without regard to the frequency or extent of services furnished to a particular beneficiary. For Medicare purposes, an HMO must provide all of the Medicare covered services generally available in its service area.

Prior to the 1972 amendments, HMO-type plans could be reimbursed under Medicare on a capitation basis only for the costs of providing physicians' and related SMI services. Plans that also provided inpatient hospital, skilled nursing facility, and home health care as covered benefits to their members billed Medicare through intermediaries and carriers on a fee-for-service basis the same as any other provider. Plans that do not choose or cannot qualify to participate under the HMO option may continue to receive Medicare reimbursement on this basis under the group practice prepayment plan (GPPP) regulations.

Plans that do not choose to participate under either HMO or GPPP regulations may continue to bill Medicare, through carriers and intermediaries, for all Medicare covered services provided to their members who are Medicare beneficiaries. The majority of the existing plans are in this category.

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General Tables

NOTES

Geographic classifications—Based on the address of the provider of services.

All areas—Consists of the United States, Guam, Puerto Rico, Virgin Islands, and other outlying areas.

United States—Consists of the 50 States and the District of Columbia.

Other outlying areas—Consist of American Samoa, the Canal Zone, Canton Island, Caroline Islands, Marina Islands, Marshall Islands, Midway Islands, and Wake Island.

Table 1. Number of Hospitals, Beds, and Beds Per 1,000 Enrolled Population, by Type of Hospital, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division, and State	All Hospitals		Short-stay Hospitals			Psychiatric Hospitals			Other Long-stay Hospitals		
	Number	Beds	Number	Beds	Beds Per 1,000 Enrolled Population	Number	Beds	Beds Per 1,000 Enrolled Population	Number	Beds	Beds Per 1,000 Enrolled Population
All Areas	6,894	1,164,467	6,190	998,811	36	427	136,437	5	277	29,219	1
United States	6,835	1,155,632	6,133	990,479	37	426	136,092	5	276	29,061	1
Northeast	1,126	296,936	937	215,468	33	115	69,113	11	74	12,355	2
North Central	2,025	318,512	1,793	286,035	40	116	24,866	4	116	7,611	1
South	2,422	375,998	2,235	337,674	38	130	32,661	4	57	5,663	1
West	1,262	164,186	1,168	151,302	34	65	9,452	2	29	3,432	1
New England	343	68,638	278	51,102	32	30	9,607	6	35	7,929	5
Connecticut	52	15,696	36	11,058	29	8	3,564	9	8	1,074	3
Maine	55	5,078	53	4,560	30	2	518	3	-	-	-
Massachusetts	168	35,054	131	26,986	36	12	2,334	3	25	5,734	8
New Hampshire	31	4,025	28	3,153	29	3	872	8	-	-	-
Rhode Island	19	6,450	14	3,427	26	3	1,902	14	2	1,121	8
Vermont	18	2,335	16	1,918	30	2	417	7	-	-	-
Middle Atlantic	783	228,298	659	164,366	34	85	59,506	12	39	4,426	1
New Jersey	132	38,318	107	31,027	34	11	5,810	6	14	1,481	2
New York	370	122,481	311	80,201	35	44	40,068	17	15	2,212	1
Pennsylvania	281	67,499	241	53,138	33	30	13,628	8	10	733	1
East North Central	1,052	210,071	946	192,254	40	82	15,148	3	24	2,669	1
Illinois	277	60,357	252	57,082	44	20	2,648	2	5	627	1
Indiana	142	26,758	128	24,390	39	12	2,335	4	2	33	-
Michigan	239	45,706	217	39,498	39	15	5,133	5	7	1,075	1
Ohio	229	54,214	204	50,061	40	19	3,487	3	6	666	1
Wisconsin	165	23,036	145	21,223	35	16	1,545	3	4	268	-

Table 1. Number of Hospitals, Beds, and Beds Per 1,000 Enrolled Population, by Type of Hospital, Region, Division, and State
Con.

(See NOTES preceding General Tables)

Region, Division, and State	All Hospitals		Short-stay Hospitals			Psychiatric Hospitals			Other Long-stay Hospitals		
	Number	Beds	Number	Beds	Beds Per 1,000 Enrolled Population	Number	Beds	Beds Per 1,000 Enrolled Population	Number	Beds	Beds Per 1,000 Enrolled Population
West North Central	973	108,441	847	93,781	40	34	9,718	4	92	4,942	2
Iowa	157	17,927	132	15,656	38	4	1,351	3	21	920	2
Kansas	186	15,394	147	12,826	40	8	1,354	4	31	1,214	4
Minnesota	198	23,681	185	21,160	42	7	2,344	5	6	177	-
Missouri	181	32,052	162	28,114	41	8	3,032	4	11	906	1
Nebraska	129	10,508	103	8,149	38	5	773	4	21	1,586	7
North Dakota	56	4,870	54	3,994	47	1	788	9	1	88	1
South Dakota	66	4,009	64	3,882	40	1	76	1	1	51	1
South Atlantic	964	187,655	854	160,421	36	78	23,550	5	32	3,684	1
Delaware	11	2,763	7	1,973	31	2	638	10	2	152	2
Dist of Columbia	16	8,866	13	4,850	65	2	3,646	49	1	370	5
Florida	246	51,201	223	47,980	29	21	3,053	2	2	168	-
Georgia	179	25,406	166	24,080	43	10	1,212	2	3	114	-
Maryland	74	20,806	57	15,066	37	8	4,630	12	9	1,110	3
North Carolina	163	28,844	140	23,136	36	14	4,944	8	9	764	1
South Carolina	81	15,830	74	11,730	38	6	3,974	13	1	126	1
Virginia	125	23,672	108	21,453	40	12	1,339	3	5	880	2
West Virginia	69	10,267	66	10,153	38	3	114	1	-	-	-
East South Central	540	74,510	514	71,525	40	17	2,446	1	9	539	-
Alabama	139	19,949	135	19,545	42	3	254	1	1	150	-
Kentucky	115	16,497	106	14,862	33	5	1,369	3	4	266	1
Mississippi	118	12,161	117	12,101	39	-	-	-	1	60	-
Tennessee	168	25,903	156	25,017	45	9	823	2	3	63	-
West South Central	918	113,833	867	105,728	42	35	6,665	3	16	1,440	1
Arkansas	102	12,023	97	10,942	33	3	992	3	2	89	-
Louisiana	149	21,652	139	19,171	45	7	2,307	5	3	174	-
Oklahoma	140	15,427	134	13,867	36	6	1,560	4	-	-	-
Texas	527	64,731	497	61,748	44	19	1,806	1	11	1,177	1

Table 1. Number of Hospitals, Beds, and Beds Per 1,000 Enrolled Population, by Type of Hospital, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, and State	All Hospitals		Short-stay Hospitals			Psychiatric Hospitals			Other Long-stay Hospitals		
	Number	Beds	Number	Beds	Beds Per 1,000 Enrolled Population	Number	Beds	Beds Per 1,000 Enrolled Population	Number	Beds	Beds Per 1,000 Enrolled Population
Mountain	433	44,503	406	40,567	37	14	3,310	3	13	626	1
Arizona	75	10,676	68	9,728	32	4	854	3	3	94	-
Colorado	94	13,037	84	11,089	43	5	1,536	6	5	412	2
Idaho	48	2,821	48	2,821	28	-	-	-	-	-	-
Montana	70	3,709	69	3,679	40	-	-	-	1	30	-
Nevada	25	3,148	23	3,006	45	2	142	2	-	-	-
New Mexico	50	4,656	47	4,526	37	1	92	1	2	38	-
Utah	42	4,400	39	4,027	36	1	321	3	2	52	1
Wyoming	29	2,056	28	1,691	43	1	365	9	-	-	-
Pacific	829	119,683	762	110,735	33	51	6,142	2	16	2,806	1
Alaska	25	1,457	24	1,257	108	1	200	17	-	-	-
California	582	91,875	530	86,424	34	40	2,781	1	12	2,670	1
Hawaii	25	2,556	20	2,242	30	1	178	2	4	136	2
Oregon	82	10,282	78	8,782	27	4	1,500	5	-	-	-
Washington	115	13,513	110	12,030	27	5	1,483	3	-	-	-
Other Outlying Areas	59	8,835	57	8,332	24	1	345	1	1	158	1
Puerto Rico	57	8,519	55	8,016	24	1	345	1	1	158	1
Virgin Islands	2	316	2	316	68	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 2. Number of Short-stay Hospitals and Number of Beds by Control, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division, and State	All Short-stay Hospitals	Voluntary Hospitals		Proprietary Hospitals		State Hospitals 1/		Local Hospitals	
		Number	Beds	Number	Beds	Number	Beds	Number	Beds
All Areas	6,190	3,419	682,974	810	95,266	233	41,788	1,728	178,783
United States	6,133	3,404	680,915	788	92,913	216	38,890	1,725	177,761
Northeast	937	782	184,248	61	9,317	43	6,142	51	15,761
North Central	1,793	1,201	230,502	40	3,629	49	9,275	503	42,629
South	2,235	832	170,714	461	56,277	70	17,420	872	93,263
West	1,168	589	95,451	226	23,690	54	6,053	299	26,108
New England	278	243	46,222	8	1,057	13	1,533	14	2,290
Connecticut	36	35	10,971	-	-	-	-	1	87
Maine	53	49	4,423	-	-	2	41	2	96
Massachusetts	131	104	22,681	7	891	10	1,459	10	1,955
New Hampshire	28	25	2,802	1	166	1	33	1	152
Rhode Island	14	14	3,427	-	-	-	-	-	-
Vermont	16	16	1,918	-	-	-	-	-	-
Middle Atlantic	659	539	138,026	53	8,260	30	4,609	37	13,471
New Jersey	107	92	26,463	7	1,286	3	1,367	5	1,911
New York	311	228	61,271	33	5,312	18	2,058	32	11,560
Pennsylvania	241	219	50,292	13	1,662	9	1,184	-	-
East North Central	946	727	162,000	15	1,650	22	5,100	182	23,504
Illinois	252	196	49,806	9	1,134	9	1,130	38	5,012
Indiana	128	64	16,549	2	294	7	1,022	55	6,525
Michigan	217	167	31,915	2	173	2	1,017	46	6,393
Ohio	204	171	44,219	1	39	3	1,336	29	4,467
Wisconsin	145	129	19,511	1	10	1	595	14	1,107
West North Central	847	474	68,502	25	1,979	27	4,175	321	19,125
Iowa	132	59	10,251	3	232	1	1,030	69	4,143
Kansas	147	70	8,565	6	629	3	579	68	3,053
Minnesota	185	100	15,761	-	-	4	1,023	81	4,376
Missouri	162	90	20,734	14	1,065	7	864	51	5,451
Nebraska	103	57	5,972	1	23	3	340	42	1,814
North Dakota	54	51	3,886	1	30	2	78	-	-
South Dakota	64	47	3,333	-	-	7	261	10	288

Table 2. Number of Short-stay Hospitals and Number of Beds by Control, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, and State	All Short-stay Hospitals	Voluntary Hospitals		Proprietary Hospitals		State Hospitals 1/		Local Hospitals	
		Number	Beds	Number	Beds	Number	Beds	Number	Beds
South Atlantic	854	388	86,063	155	24,312	31	7,043	280	43,003
Delaware	7	7	1,973	-	-	-	-	-	-
Dist of Columbia	13	11	4,144	1	206	-	-	1	500
Florida	223	85	22,836	76	12,905	2	596	60	11,643
Georgia	166	19	4,776	24	3,135	4	905	119	15,264
Maryland	57	46	11,799	5	868	1	864	5	1,535
North Carolina	140	80	13,864	11	1,981	8	1,057	41	6,234
South Carolina	74	30	5,720	7	751	6	793	31	4,466
Virginia	108	78	15,017	17	3,223	9	2,396	4	817
West Virginia	66	32	5,934	14	1,243	1	432	19	2,544
East South Central	514	179	34,589	103	11,464	14	3,790	218	21,682
Alabama	135	42	8,134	25	3,621	2	1,269	66	6,521
Kentucky	106	67	10,016	12	1,952	2	838	25	2,056
Mississippi	117	24	3,602	11	1,098	5	831	77	6,570
Tennessee	156	46	12,837	55	4,793	5	852	50	6,535
West South Central	867	265	50,062	203	20,501	25	6,587	374	28,578
Arkansas	97	34	5,967	11	1,009	1	400	51	3,566
Louisiana	139	35	8,135	33	2,918	12	3,495	59	4,623
Oklahoma	134	48	7,816	10	471	8	951	68	4,629
Texas	497	148	28,144	149	16,103	4	1,741	196	15,760
Mountain	406	213	27,137	35	3,428	29	2,493	129	7,509
Arizona	68	43	7,081	8	712	10	872	7	1,063
Colorado	84	47	8,016	5	558	2	546	30	1,969
Idaho	48	15	1,490	3	305	1	8	29	1,018
Montana	69	48	3,071	2	41	5	227	14	340
Nevada	23	4	1,105	5	676	1	19	13	1,206
New Mexico	47	30	3,093	5	562	7	468	5	403
Utah	39	16	2,785	7	574	2	327	14	341
Wyoming	28	10	496	-	-	1	26	17	1,169

Table 2. Number of Short-stay Hospitals and Number of Beds by Control, Region, Division, and State
Con.

(See NOTES preceding General Tables)

Region, Division, and State	All Short-stay Hospitals	Voluntary Hospitals		Proprietary Hospitals		State Hospitals 1/		Local Hospitals	
		Number	Beds	Number	Beds	Number	Beds	Number	Beds
Pacific	762	376	68,314	191	20,262	25	3,560	170	18,599
Alaska	24	12	755	-	-	7	385	5	117
California	530	247	50,491	170	18,764	6	1,441	107	15,728
Hawaii	20	10	1,597	2	177	8	468	-	-
Oregon	78	46	6,834	11	641	1	500	20	807
Washington	110	61	8,637	8	680	3	766	38	1,947
Other Outlying Areas	57	15	2,059	22	2,353	17	2,898	3	1,022
Puerto Rico	55	15	2,059	22	2,353	15	2,582	3	1,022
Virgin Islands	2	-	-	-	-	2	316	-	-
Other	-	-	-	-	-	-	-	-	-

1/ Includes federal hospitals certified as community hospitals

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 3. Number of Long-stay Hospitals and Number of Beds by Control, Region, and Division

(See NOTES preceding General Tables)

Region and Division	All Long-stay Hospitals	Voluntary Hospitals		Proprietary Hospitals		State Hospitals		Local Hospitals	
		Number	Beds	Number	Beds	Number	Beds	Number	Beds
	All Long-stay Hospitals								
All Areas	704	232	20,392	117	10,320	256	123,070	99	11,874
United States	702	232	20,392	115	9,817	256	123,070	99	11,874
Northeast	189	60	8,080	27	2,608	82	66,006	20	4,774
North Central	232	92	6,172	11	1,020	75	21,512	54	3,773
South	187	48	3,851	46	4,105	79	29,498	14	870
West	94	32	2,289	31	2,084	20	6,054	11	2,457
Northeast									
New England	65	19	3,296	6	556	29	12,063	11	1,621
Middle Atlantic	124	41	4,784	21	2,052	53	53,943	9	3,153
North Central									
East North Central	106	35	2,893	9	949	42	11,667	20	2,308
West North Central	126	57	3,279	2	71	33	9,845	34	1,465
South									
South Atlantic	110	25	1,950	30	2,563	45	21,927	10	794
East South Central	26	10	922	3	298	10	1,693	3	72
West South Central	51	13	979	13	1,244	24	5,878	1	4
West									
Mountain	27	14	1,039	4	118	8	2,757	1	22
Pacific	67	18	1,250	27	1,966	12	3,297	10	2,435

Table 3. Number of Long-stay Hospitals and Number of Beds by Control, Region, and Division
Con.

(See NOTES preceding General Tables)

Region and Division	All Long-stay Hospitals	Voluntary Hospitals		Proprietary Hospitals		State Hospitals		Local Hospitals	
		Number	Beds	Number	Beds	Number	Beds	Number	Beds
				Psychiatric Hospitals					
All Areas	427	92	9,238	103	9,343	210	115,210	22	2,646
United States	426	92	9,238	102	8,998	210	115,210	22	2,646
Northeast	115	25	3,753	22	2,169	67	61,596	1	1,595
North Central	116	26	2,198	9	949	72	21,068	9	651
South	130	22	1,903	44	3,885	57	26,646	7	227
West	65	19	1,384	27	1,995	14	5,900	5	173
Northeast									
New England	30	8	1,253	5	396	17	7,958	-	-
Middle Atlantic	85	17	2,500	17	1,773	50	53,638	1	1,595
North Central									
East North Central	82	23	1,958	9	949	42	11,667	8	574
West North Central	34	3	240	-	-	30	9,401	1	77
South									
South Atlantic	78	15	1,152	28	2,343	30	19,857	5	198
East South Central	17	5	618	3	298	8	1,505	1	25
West South Central	35	2	133	13	1,244	19	5,284	1	4
West									
Mountain	14	6	503	2	88	6	2,719	-	-
Pacific	51	13	881	25	1,907	8	3,181	5	173

Table 3. Number of Long-stay Hospitals and Number of Beds by Control, Region, and Division
Con.

(See NOTES preceding General Tables)

Region and Division	All Long-stay Hospitals	Voluntary Hospitals		Proprietary Hospitals		State Hospitals		Local Hospitals	
		Number	Beds	Number	Beds	Number	Beds	Number	Beds
	Other Long-stay Hospitals 1/								
All Areas	277	140	11,154	14	977	46	7,860	77	9,228
United States	276	140	11,154	13	819	46	7,860	77	9,228
Northeast	74	35	4,327	5	439	15	4,410	19	3,179
North Central	116	66	3,974	2	71	3	444	45	3,122
South	57	26	1,948	2	220	22	2,852	7	643
West	29	13	905	4	89	6	154	6	2,284
Northeast									
New England	35	11	2,043	1	160	12	4,105	11	1,621
Middle Atlantic	39	24	2,284	4	279	3	305	8	1,558
North Central:									
East North Central	24	12	935	-	-	-	-	12	1,734
West North Central	92	54	3,039	2	71	3	444	33	1,388
South									
South Atlantic	32	10	798	2	220	15	2,070	5	596
East South Central	9	5	304	-	-	2	188	2	47
West South Central	16	11	846	-	-	5	594	-	-
West									
Mountain	13	8	536	2	30	2	38	1	22
Pacific	16	5	369	2	59	4	116	5	2,262

1/ Includes 15 tuberculosis hospitals

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
All Areas	6,190	3,419	810	233	1,728
Less than 49 beds	1,673	623	215	81	754
50 to 99 beds	1,473	681	216	46	530
100 to 149 beds	785	475	143	28	139
150 to 199 beds	536	331	93	15	97
200 to 249 beds	420	293	70	10	47
250 to 299 beds	308	233	35	6	34
300 to 399 beds	413	329	24	12	48
400 to 499 beds	263	207	12	13	31
500 to 749 beds	241	191	1	12	37
750 beds or more	78	56	1	10	11
United States	6,133	3,404	788	216	1,725
Less than 49 beds	1,663	620	213	76	754
50 to 99 beds	1,458	678	205	45	530
100 to 149 beds	775	471	141	25	138
150 to 199 beds	530	330	89	14	97
200 to 249 beds	413	292	67	7	47
250 to 299 beds	305	231	35	6	33
300 to 399 beds	409	328	24	9	48
400 to 499 beds	262	207	12	12	31
500 to 749 beds	240	191	1	12	36
750 beds or more	78	56	1	10	11

Region					
Northeast	937	782	61	43	51
Less than 49 beds	92	71	7	11	3
50 to 99 beds	157	125	12	10	10
100 to 149 beds	131	101	13	8	9
150 to 199 beds	114	95	8	5	6
200 to 249 beds	122	102	15	2	3
250 to 299 beds	76	70	3	2	1
300 to 399 beds	112	102	3	3	4
400 to 499 beds	54	50	-	-	4
500 to 749 beds	59	50	-	2	7
750 beds or more	20	16	-	-	4
North Central	1,793	1,201	40	49	503
Less than 49 beds	561	276	18	21	246
50 to 99 beds	409	246	8	11	144
100 to 149 beds	216	151	7	6	52
150 to 199 beds	123	99	2	-	22
200 to 249 beds	94	83	1	1	9
250 to 299 beds	83	73	2	1	7
300 to 399 beds	118	105	1	-	12
400 to 499 beds	86	78	1	1	6
500 to 749 beds	77	69	-	4	4
750 beds or more	26	21	-	4	1
South	2,235	832	461	70	872
Less than 49 beds	584	127	124	15	318
50 to 99 beds	634	189	108	17	320
100 to 149 beds	303	138	90	8	67
150 to 199 beds	187	71	52	3	61
200 to 249 beds	114	56	33	4	21
250 to 299 beds	102	54	24	2	22
300 to 399 beds	119	74	20	2	23
400 to 499 beds	89	58	9	8	14
500 to 749 beds	75	48	-	5	22
750 beds or more	28	17	1	6	4

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
West	1,168	589	226	54	299
Less than 49 beds	426	146	64	29	187
50 to 99 beds	258	118	77	7	56
100 to 149 beds	125	81	31	3	10
150 to 199 beds	106	65	27	6	8
200 to 249 beds	83	51	18	-	14
250 to 299 beds	44	34	6	1	3
300 to 399 beds	60	47	-	4	9
400 to 499 beds	33	21	2	3	7
500 to 749 beds	29	24	1	1	3
750 beds or more	4	2	-	-	2
Division					
Northeast					
New England	278	243	8	13	14
Less than 49 beds	42	35	-	5	2
50 to 99 beds	69	61	2	2	4
100 to 149 beds	34	27	3	2	2
150 to 199 beds	32	27	2	1	2
200 to 249 beds	29	26	1	1	1
250 to 299 beds	17	16	-	1	-
300 to 399 beds	34	31	-	1	2
400 to 499 beds	11	10	-	-	1
500 to 749 beds	6	6	-	-	-
750 beds or more	4	4	-	-	-

Middle Atlantic	659	539	53	30	37
Less than 49 beds	50	36	7	6	1
50 to 99 beds	88	64	10	8	6
100 to 149 beds	97	74	10	6	7
150 to 199 beds	82	68	6	4	4
200 to 249 beds	93	76	14	1	2
250 to 299 beds	59	54	3	1	1
300 to 399 beds	78	71	3	2	2
400 to 499 beds	43	40	-	-	3
500 to 749 beds	53	44	-	2	7
750 beds or more	16	12	-	-	4
North Central					
East North Central	946	727	15	22	182
Less than 49 beds	149	100	7	5	37
50 to 99 beds	221	141	2	7	71
100 to 149 beds	133	98	2	4	29
150 to 199 beds	84	66	-	-	18
200 to 249 beds	75	67	1	1	6
250 to 299 beds	62	54	2	-	6
300 to 399 beds	88	79	1	-	8
400 to 499 beds	62	59	-	-	3
500 to 749 beds	54	48	-	3	3
750 beds or more	18	15	-	2	1
West North Central	847	474	25	27	321
Less than 49 beds	412	176	11	16	209
50 to 99 beds	188	105	6	4	73
100 to 149 beds	83	53	5	2	23
150 to 199 beds	39	33	2	-	4
200 to 249 beds	19	16	-	-	3
250 to 299 beds	21	19	-	1	1
300 to 399 beds	30	26	-	-	4
400 to 499 beds	24	19	1	1	3
500 to 749 beds	23	21	-	1	1
750 beds or more	8	6	-	2	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
South					
South Atlantic	854	388	155	31	280
Less than 49 beds	132	35	22	9	66
50 to 99 beds	226	84	32	8	102
100 to 149 beds	125	66	30	4	25
150 to 199 beds	82	39	22	-	21
200 to 249 beds	60	29	19	1	11
250 to 299 beds	54	26	13	1	14
300 to 399 beds	71	45	12	-	14
400 to 499 beds	50	34	4	3	9
500 to 749 beds	41	23	-	2	16
750 beds or more	13	7	1	3	2
East South Central	514	179	103	14	218
Less than 49 beds	132	27	32	3	70
50 to 99 beds	175	54	22	3	96
100 to 149 beds	64	24	24	1	15
150 to 199 beds	44	14	11	1	18
200 to 249 beds	21	10	6	-	5
250 to 299 beds	19	13	2	-	4
300 to 399 beds	19	14	2	1	2
400 to 499 beds	19	10	4	2	3
500 to 749 beds	17	11	-	2	4
750 beds or more	4	2	-	1	1

West South Central	867	265	203	25	374
Less than 49 beds	320	65	70	3	182
50 to 99 beds	233	51	54	6	122
100 to 149 beds	114	48	36	3	27
150 to 199 beds	61	18	19	2	22
200 to 249 beds	33	17	8	3	5
250 to 299 beds	29	15	9	1	4
300 to 399 beds	29	15	6	1	7
400 to 499 beds	20	14	1	3	2
500 to 749 beds	17	14	-	1	2
750 beds or more	11	8	-	2	1
West					
Mountain	406	213	35	29	129
Less than 49 beds	214	90	12	17	95
50 to 99 beds	76	43	9	5	19
100 to 149 beds	30	19	5	2	4
150 to 199 beds	21	13	4	2	2
200 to 249 beds	17	11	3	-	3
250 to 299 beds	14	11	2	-	1
300 to 399 beds	16	11	-	2	3
400 to 499 beds	8	7	-	1	-
500 to 749 beds	10	8	-	-	2
750 beds or more	-	-	-	-	-
Pacific	762	376	191	25	170
Less than 49 beds	212	56	52	12	92
50 to 99 beds	182	75	68	2	37
100 to 149 beds	95	62	26	1	6
150 to 199 beds	85	52	23	4	6
200 to 249 beds	66	40	15	-	11
250 to 299 beds	30	23	4	1	2
300 to 399 beds	44	36	-	2	6
400 to 499 beds	25	14	2	2	7
500 to 749 beds	19	16	1	1	1
750 beds or more	4	2	-	-	2

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
New England					
Connecticut	36	35	-	-	1
Less than 49 beds	-	-	-	-	-
50 to 99 beds	7	6	-	-	1
100 to 149 beds	2	2	-	-	-
150 to 199 beds	4	4	-	-	-
200 to 249 beds	4	4	-	-	-
250 to 299 beds	2	2	-	-	-
300 to 399 beds	9	9	-	-	-
400 to 499 beds	4	4	-	-	-
500 to 749 beds	2	2	-	-	-
750 beds or more	2	2	-	-	-
Maine	53	49	-	2	2
Less than 49 beds	21	18	-	2	1
50 to 99 beds	20	19	-	-	1
100 to 149 beds	3	3	-	-	-
150 to 199 beds	4	4	-	-	-
200 to 249 beds	2	2	-	-	-
250 to 299 beds	-	-	-	-	-
300 to 399 beds	2	2	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-

Massachusetts	131	104	7	10	10
Less than 49 beds	8	5	-	2	1
50 to 99 beds	28	22	2	2	2
100 to 149 beds	20	13	3	2	2
150 to 199 beds	17	14	1	1	1
200 to 249 beds	17	14	1	1	1
250 to 299 beds	13	12	-	1	-
300 to 399 beds	19	16	-	1	2
400 to 499 beds	5	4	-	-	1
500 to 749 beds	2	2	-	-	-
750 beds or more	2	2	-	-	-
New Hampshire	28	25	1	1	1
Less than 49 beds	8	7	-	1	-
50 to 99 beds	8	8	-	-	-
100 to 149 beds	3	3	-	-	-
150 to 199 beds	4	2	1	-	1
200 to 249 beds	3	3	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	1	1	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-
Rhode Island	14	14	-	-	-
Less than 49 beds	1	1	-	-	-
50 to 99 beds	1	1	-	-	-
100 to 149 beds	3	3	-	-	-
150 to 199 beds	1	1	-	-	-
200 to 249 beds	3	3	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	2	2	-	-	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Vermont	16	16	-	-	-
Less than 49 beds	4	4	-	-	-
50 to 99 beds	5	5	-	-	-
100 to 149 beds	3	3	-	-	-
150 to 199 beds	2	2	-	-	-
200 to 249 beds	-	-	-	-	-
250 to 299 beds	-	-	-	-	-
300 to 399 beds	1	1	-	-	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-
Middle Atlantic					
New Jersey	107	92	7	3	5
Less than 49 beds	2	2	-	-	-
50 to 99 beds	4	2	2	-	-
100 to 149 beds	15	13	1	1	-
150 to 199 beds	14	13	-	-	1
200 to 249 beds	18	15	2	-	1
250 to 299 beds	11	9	1	-	1
300 to 399 beds	19	18	1	-	-
400 to 499 beds	10	10	-	-	-
500 to 749 beds	14	10	-	2	2
750 beds or more	-	-	-	-	-

New York	311	228	33	18	32
Less than 49 beds	33	22	4	6	1
50 to 99 beds	49	33	3	7	6
100 to 149 beds	44	28	9	-	7
150 to 199 beds	29	21	4	1	3
200 to 249 beds	39	27	10	1	1
250 to 299 beds	28	25	2	1	-
300 to 399 beds	29	24	1	2	2
400 to 499 beds	22	19	-	-	3
500 to 749 beds	22	17	-	-	5
750 beds or more	16	12	-	-	4
Pennsylvania	241	219	13	9	-
Less than 49 beds	15	12	3	-	-
50 to 99 beds	35	29	5	1	-
100 to 149 beds	38	33	-	5	-
150 to 199 beds	39	34	2	3	-
200 to 249 beds	36	34	2	-	-
250 to 299 beds	20	20	-	-	-
300 to 399 beds	30	29	1	-	-
400 to 499 beds	11	11	-	-	-
500 to 749 beds	17	17	-	-	-
750 beds or more	-	-	-	-	-
East North Central					
Illinois	252	196	9	9	38
Less than 49 beds	29	17	4	2	6
50 to 99 beds	49	27	1	4	17
100 to 149 beds	37	27	1	2	7
150 to 199 beds	25	20	-	-	5
200 to 249 beds	25	23	1	-	1
250 to 299 beds	20	18	1	-	1
300 to 399 beds	23	22	1	-	-
400 to 499 beds	23	23	-	-	-
500 to 749 beds	15	14	-	1	-
750 beds or more	6	5	-	-	1

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Indiana	128	64	2	7	55
Less than 49 beds	16	5	1	3	7
50 to 99 beds	39	14	-	1	24
100 to 149 beds	22	8	-	2	12
150 to 199 beds	12	6	-	-	6
200 to 249 beds	5	4	-	-	1
250 to 299 beds	5	2	1	-	2
300 to 399 beds	11	9	-	-	2
400 to 499 beds	8	8	-	-	-
500 to 749 beds	8	6	-	1	1
750 beds or more	2	2	-	-	-
Michigan	217	167	2	2	46
Less than 49 beds	48	37	-	-	11
50 to 99 beds	52	34	1	1	16
100 to 149 beds	26	21	1	-	4
150 to 199 beds	16	12	-	-	4
200 to 249 beds	18	15	-	-	3
250 to 299 beds	15	12	-	-	3
300 to 399 beds	16	14	-	-	2
400 to 499 beds	15	13	-	-	2
500 to 749 beds	7	6	-	-	1
750 beds or more	4	3	-	1	-

Ohio	204	171	1	3	29
Less than 49 beds	14	10	1	-	3
50 to 99 beds	44	30	-	1	13
100 to 149 beds	31	27	-	-	4
150 to 199 beds	22	19	-	-	3
200 to 249 beds	21	19	-	1	1
250 to 299 beds	11	11	-	-	-
300 to 399 beds	25	21	-	-	4
400 to 499 beds	10	10	-	-	-
500 to 749 beds	20	19	-	-	1
750 beds or more	6	5	-	1	-
Wisconsin	145	129	1	1	14
Less than 49 beds	42	31	1	-	10
50 to 99 beds	37	36	-	-	1
100 to 149 beds	17	15	-	-	2
150 to 199 beds	9	9	-	-	-
200 to 249 beds	6	6	-	-	-
250 to 299 beds	11	11	-	-	-
300 to 399 beds	13	13	-	-	-
400 to 499 beds	6	5	-	-	1
500 to 749 beds	4	3	-	1	-
750 beds or more	-	-	-	-	-
West North Central					
Iowa	132	59	3	1	69
Less than 49 beds	54	16	1	-	37
50 to 99 beds	36	11	1	-	24
100 to 149 beds	15	9	-	-	6
150 to 199 beds	3	1	1	-	1
200 to 249 beds	7	6	-	-	1
250 to 299 beds	5	5	-	-	-
300 to 399 beds	4	4	-	-	-
400 to 499 beds	3	3	-	-	-
500 to 749 beds	4	4	-	-	-
750 beds or more	1	-	-	1	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Kansas	147	70	6	3	68
Less than 49 beds	80	26	4	2	48
50 to 99 beds	35	21	-	-	14
100 to 149 beds	11	6	1	-	4
150 to 199 beds	8	7	-	-	1
200 to 249 beds	3	2	-	-	1
250 to 299 beds	-	-	-	-	-
300 to 399 beds	4	4	-	-	-
400 to 499 beds	2	1	1	-	-
500 to 749 beds	2	1	-	1	-
750 beds or more	2	2	-	-	-
Minnesota	185	100	-	4	81
Less than 49 beds	103	40	-	2	61
50 to 99 beds	32	20	-	-	12
100 to 149 beds	19	13	-	1	5
150 to 199 beds	5	4	-	-	1
200 to 249 beds	1	1	-	-	-
250 to 299 beds	6	6	-	-	-
300 to 399 beds	2	2	-	-	-
400 to 499 beds	7	5	-	-	2
500 to 749 beds	6	6	-	-	-
750 beds or more	4	3	-	1	-

Missouri	162	90	14	7	51
Less than 49 beds	31	8	4	3	16
50 to 99 beds	49	21	5	2	21
100 to 149 beds	25	13	4	1	7
150 to 199 beds	14	12	1	-	1
200 to 249 beds	4	4	-	-	-
250 to 299 beds	6	6	-	-	-
300 to 399 beds	13	9	-	-	4
400 to 499 beds	9	7	-	1	1
500 to 749 beds	10	9	-	-	1
750 beds or more	1	1	-	-	-
Nebraska	103	57	1	3	42
Less than 49 beds	63	24	1	1	37
50 to 99 beds	20	17	-	1	2
100 to 149 beds	6	5	-	-	1
150 to 199 beds	2	2	-	-	-
200 to 249 beds	4	3	-	-	1
250 to 299 beds	2	-	-	1	1
300 to 399 beds	4	4	-	-	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-
North Dakota	54	51	1	2	-
Less than 49 beds	34	31	1	2	-
50 to 99 beds	8	8	-	-	-
100 to 149 beds	4	4	-	-	-
150 to 199 beds	4	4	-	-	-
200 to 249 beds	-	-	-	-	-
250 to 299 beds	2	2	-	-	-
300 to 399 beds	1	1	-	-	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
South Dakota	64	47	-	7	10
Less than 49 beds	47	31	-	6	10
50 to 99 beds	8	7	-	1	-
100 to 149 beds	3	3	-	-	-
150 to 199 beds	3	3	-	-	-
200 to 249 beds	-	-	-	-	-
250 to 299 beds	-	-	-	-	-
300 to 399 beds	2	2	-	-	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-
South Atlantic					
Delaware	7	7	-	-	-
Less than 49 beds	-	-	-	-	-
50 to 99 beds	1	1	-	-	-
100 to 149 beds	2	2	-	-	-
150 to 199 beds	2	2	-	-	-
200 to 249 beds	-	-	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	1	1	-	-	-

Dist of Columbia	13	11	1	-	1
Less than 49 beds	-	-	-	-	-
50 to 99 beds	1	1	-	-	-
100 to 149 beds	-	-	-	-	-
150 to 199 beds	1	1	-	-	-
200 to 249 beds	3	2	1	-	-
250 to 299 beds	-	-	-	-	-
300 to 399 beds	2	2	-	-	-
400 to 499 beds	3	3	-	-	-
500 to 749 beds	2	1	-	-	1
750 beds or more	1	1	-	-	-
Florida	223	85	76	2	60
Less than 49 beds	26	6	9	-	11
50 to 99 beds	46	15	11	-	20
100 to 149 beds	31	10	14	1	6
150 to 199 beds	28	8	13	-	7
200 to 249 beds	22	6	12	-	4
250 to 299 beds	14	7	7	-	-
300 to 399 beds	23	13	7	-	3
400 to 499 beds	10	6	3	1	-
500 to 749 beds	20	12	-	-	8
750 beds or more	3	2	-	-	1
Georgia	166	19	24	4	119
Less than 49 beds	45	2	5	2	36
50 to 99 beds	54	2	7	-	45
100 to 149 beds	17	3	3	1	10
150 to 199 beds	9	-	3	-	6
200 to 249 beds	7	3	2	-	2
250 to 299 beds	10	2	2	-	6
300 to 399 beds	11	3	2	-	6
400 to 499 beds	7	2	-	-	5
500 to 749 beds	4	2	-	-	2
750 beds or more	2	-	-	1	1

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Maryland	57	46	5	1	5
Less than 49 beds	5	3	1	-	1
50 to 99 beds	7	7	-	-	-
100 to 149 beds	6	6	-	-	-
150 to 199 beds	4	2	2	-	-
200 to 249 beds	9	7	1	-	1
250 to 299 beds	6	5	-	-	1
300 to 399 beds	8	7	1	-	-
400 to 499 beds	8	7	-	-	1
500 to 749 beds	2	1	-	-	1
750 beds or more	2	1	-	1	-
North Carolina	140	80	11	8	41
Less than 49 beds	23	12	1	3	7
50 to 99 beds	43	20	3	3	17
100 to 149 beds	25	18	4	1	2
150 to 199 beds	15	10	1	-	4
200 to 249 beds	5	-	1	-	4
250 to 299 beds	4	2	-	-	2
300 to 399 beds	12	11	-	-	1
400 to 499 beds	6	4	-	-	2
500 to 749 beds	5	2	-	1	2
750 beds or more	2	1	1	-	-

South Carolina	74	30	7	6	31
Less than 49 beds	12	3	1	3	5
50 to 99 beds	21	6	2	1	12
100 to 149 beds	15	7	2	-	6
150 to 199 beds	8	5	1	-	2
200 to 249 beds	3	1	1	1	-
250 to 299 beds	4	1	-	-	3
300 to 399 beds	3	2	-	-	1
400 to 499 beds	6	5	-	1	-
500 to 749 beds	2	-	-	-	2
750 beds or more	-	-	-	-	-
Virginia	108	78	17	9	4
Less than 49 beds	6	4	1	1	-
50 to 99 beds	32	24	3	4	1
100 to 149 beds	21	15	4	1	1
150 to 199 beds	11	8	2	-	1
200 to 249 beds	9	8	1	-	-
250 to 299 beds	8	4	3	1	-
300 to 399 beds	7	5	2	-	-
400 to 499 beds	7	5	1	-	1
500 to 749 beds	6	5	-	1	-
750 beds or more	1	-	-	1	-
West Virginia	66	32	14	1	19
Less than 49 beds	15	5	4	-	6
50 to 99 beds	21	8	6	-	7
100 to 149 beds	8	5	3	-	-
150 to 199 beds	4	3	-	-	1
200 to 249 beds	2	2	-	-	-
250 to 299 beds	7	4	1	-	2
300 to 399 beds	5	2	-	-	3
400 to 499 beds	3	2	-	1	-
500 to 749 beds	-	-	-	-	-
750 beds or more	1	1	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
East South Central					
Alabama	135	42	25	2	66
Less than 49 beds	30	3	5	-	22
50 to 99 beds	45	11	3	-	31
100 to 149 beds	18	8	7	-	3
150 to 199 beds	14	5	5	-	4
200 to 249 beds	5	3	1	-	1
250 to 299 beds	6	3	2	-	1
300 to 399 beds	6	4	-	-	2
400 to 499 beds	6	3	2	1	-
500 to 749 beds	4	2	-	-	2
750 beds or more	1	-	-	1	-
Kentucky	106	67	12	2	25
Less than 49 beds	29	17	1	-	11
50 to 99 beds	30	17	4	-	9
100 to 149 beds	12	10	1	-	1
150 to 199 beds	10	3	4	-	3
200 to 249 beds	3	3	-	-	-
250 to 299 beds	8	8	-	-	-
300 to 399 beds	7	5	1	1	-
400 to 499 beds	6	3	1	1	1
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-

Mississippi	117	24	11	5	77
Less than 49 beds	36	3	4	1	28
50 to 99 beds	47	9	2	2	34
100 to 149 beds	13	5	2	1	5
150 to 199 beds	9	3	2	-	4
200 to 249 beds	4	1	1	-	2
250 to 299 beds	2	-	-	-	2
300 to 399 beds	-	-	-	-	-
400 to 499 beds	3	1	-	-	2
500 to 749 beds	3	2	-	1	-
750 beds or more	-	-	-	-	-
Tennessee	156	46	55	5	50
Less than 49 beds	37	4	22	2	9
50 to 99 beds	53	17	13	1	22
100 to 149 beds	21	1	14	-	6
150 to 199 beds	11	3	-	1	7
200 to 249 beds	9	3	4	-	2
250 to 299 beds	3	2	-	-	1
300 to 399 beds	6	5	1	-	-
400 to 499 beds	4	3	1	-	-
500 to 749 beds	9	6	-	1	2
750 beds or more	3	2	-	-	1
West South Central					
Arkansas	97	34	11	1	51
Less than 49 beds	31	5	5	-	21
50 to 99 beds	30	8	2	-	20
100 to 149 beds	16	8	3	-	5
150 to 199 beds	8	4	-	-	4
200 to 249 beds	2	1	-	-	1
250 to 299 beds	3	3	-	-	-
300 to 399 beds	3	2	1	-	-
400 to 499 beds	1	-	-	1	-
500 to 749 beds	3	3	-	-	-
750 beds or more	-	-	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Louisiana	139	35	33	12	59
Less than 49 beds	35	2	9	-	24
50 to 99 beds	46	7	13	3	23
100 to 149 beds	17	5	5	2	5
150 to 199 beds	15	4	4	2	5
200 to 249 beds	8	4	1	3	-
250 to 299 beds	5	4	1	-	-
300 to 399 beds	3	2	-	-	1
400 to 499 beds	4	3	-	-	1
500 to 749 beds	5	4	-	1	-
750 beds or more	1	-	-	1	-
Oklahoma	134	48	10	8	68
Less than 49 beds	59	16	7	3	33
50 to 99 beds	35	8	1	3	23
100 to 149 beds	15	9	2	-	4
150 to 199 beds	7	3	-	-	4
200 to 249 beds	5	3	-	-	2
250 to 299 beds	2	1	-	-	1
300 to 399 beds	3	1	-	1	1
400 to 499 beds	4	3	-	1	-
500 to 749 beds	3	3	-	-	-
750 beds or more	1	1	-	-	-

Texas	497	148	149	4	196
Less than 49 beds	195	42	49	-	104
50 to 99 beds	122	28	38	-	56
100 to 149 beds	66	26	26	1	13
150 to 199 beds	31	7	15	-	9
200 to 249 beds	18	9	7	-	2
250 to 299 beds	19	7	8	1	3
300 to 399 beds	20	10	5	-	5
400 to 499 beds	11	8	1	1	1
500 to 749 beds	6	4	-	-	2
750 beds or more	9	7	-	1	1
Mountain					
Arizona	68	43	8	10	7
Less than 49 beds	25	14	3	6	2
50 to 99 beds	15	9	2	1	3
100 to 149 beds	5	3	1	1	-
150 to 199 beds	3	1	1	1	-
200 to 249 beds	6	4	1	-	1
250 to 299 beds	5	5	-	-	-
300 to 399 beds	4	3	-	1	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	4	3	-	-	1
750 beds or more	-	-	-	-	-
Colorado	84	47	5	2	30
Less than 49 beds	40	17	3	-	20
50 to 99 beds	15	8	-	1	6
100 to 149 beds	4	4	-	-	-
150 to 199 beds	4	4	-	-	-
200 to 249 beds	5	2	1	-	2
250 to 299 beds	3	2	1	-	-
300 to 399 beds	4	2	-	-	2
400 to 499 beds	6	5	-	1	-
500 to 749 beds	3	3	-	-	-
750 beds or more	-	-	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Idaho	48	15	3	1	29
Less than 49 beds	33	6	1	1	25
50 to 99 beds	4	2	-	-	2
100 to 149 beds	5	2	1	-	2
150 to 199 beds	4	3	1	-	-
200 to 249 beds	1	1	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-
Montana	69	48	2	5	14
Less than 49 beds	49	30	2	4	13
50 to 99 beds	7	7	-	-	-
100 to 149 beds	7	5	-	1	1
150 to 199 beds	3	3	-	-	-
200 to 249 beds	2	2	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-

Nevada	23	4	5	1	13
Less than 49 beds	12	1	1	1	9
50 to 99 beds	5	1	2	-	2
100 to 149 beds	-	-	-	-	-
150 to 199 beds	-	-	-	-	-
200 to 249 beds	1	-	1	-	-
250 to 299 beds	1	-	1	-	-
300 to 399 beds	2	1	-	-	1
400 to 499 beds	-	-	-	-	-
500 to 749 beds	2	1	-	-	1
750 beds or more	-	-	-	-	-
New Mexico	47	30	5	7	5
Less than 49 beds	17	11	1	3	2
50 to 99 beds	16	10	1	3	2
100 to 149 beds	4	3	1	-	-
150 to 199 beds	5	1	2	1	1
200 to 249 beds	1	1	-	-	-
250 to 299 beds	2	2	-	-	-
300 to 399 beds	1	1	-	-	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-
Utah	39	16	7	2	14
Less than 49 beds	21	5	1	1	14
50 to 99 beds	7	3	4	-	-
100 to 149 beds	3	1	2	-	-
150 to 199 beds	1	1	-	-	-
200 to 249 beds	1	1	-	-	-
250 to 299 beds	-	-	-	-	-
300 to 399 beds	5	4	-	1	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Wyoming	28	10	-	1	17
Less than 49 beds	17	6	-	1	10
50 to 99 beds	7	3	-	-	4
100 to 149 beds	2	1	-	-	1
150 to 199 beds	1	-	-	-	1
200 to 249 beds	-	-	-	-	-
250 to 299 beds	1	-	-	-	1
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-
Pacific					
Alaska	24	12	-	7	5
Less than 49 beds	18	9	-	5	4
50 to 99 beds	2	-	-	1	1
100 to 149 beds	-	-	-	-	-
150 to 199 beds	3	2	-	1	-
200 to 249 beds	-	-	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-

California	530	247	170	6	107
Less than 49 beds	112	25	40	1	46
50 to 99 beds	138	49	64	1	24
100 to 149 beds	65	36	25	-	4
150 to 199 beds	60	34	20	1	5
200 to 249 beds	55	31	14	-	10
250 to 299 beds	20	14	4	-	2
300 to 399 beds	41	34	-	1	6
400 to 499 beds	20	9	2	2	7
500 to 749 beds	15	13	1	-	1
750 beds or more	4	2	-	-	2
Hawaii	20	10	2	8	-
Less than 49 beds	9	2	1	6	-
50 to 99 beds	2	2	-	-	-
100 to 149 beds	3	2	-	1	-
150 to 199 beds	3	1	1	1	-
200 to 249 beds	1	1	-	-	-
250 to 299 beds	1	1	-	-	-
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-
Oregon	78	46	11	1	20
Less than 49 beds	32	9	7	-	16
50 to 99 beds	17	11	3	-	3
100 to 149 beds	13	12	-	-	1
150 to 199 beds	4	4	-	-	-
200 to 249 beds	3	2	1	-	-
250 to 299 beds	2	2	-	-	-
300 to 399 beds	1	1	-	-	-
400 to 499 beds	4	4	-	-	-
500 to 749 beds	2	1	-	1	-
750 beds or more	-	-	-	-	-

Table 4. Number of Short-stay Hospitals by Control, Type of Hospitals and Bed Size, Region, Division, and State Con.

(See NOTES preceding General Tables)

Region, Division, State, Type of Hospital, and Bed Size	All Short-stay Hospitals	Voluntary Hospitals	Proprietary Hospitals	State Hospitals 1/	Local Hospitals
Washington	110	61	8	3	38
Less than 49 beds	41	11	4	-	26
50 to 99 beds	23	13	1	-	9
100 to 149 beds	14	12	1	-	1
150 to 199 beds	15	11	2	1	1
200 to 249 beds	7	6	-	-	1
250 to 299 beds	6	5	-	1	-
300 to 399 beds	2	1	-	1	-
400 to 499 beds	1	1	-	-	-
500 to 749 beds	1	1	-	-	-
750 beds or more	-	-	-	-	-
Other Outlying Areas					
Puerto Rico	55	15	22	15	3
Less than 49 beds	10	3	2	5	-
50 to 99 beds	15	3	11	1	-
100 to 149 beds	9	4	2	2	1
150 to 199 beds	6	1	4	1	-
200 to 249 beds	6	1	3	2	-
250 to 299 beds	3	2	-	-	1
300 to 399 beds	4	1	-	3	-
400 to 499 beds	1	-	-	1	-
500 to 749 beds	1	-	-	-	1
750 beds or more	-	-	-	-	-

Virgin Islands	2	-	-	2	-
Less than 49 beds	-	-	-	-	-
50 to 99 beds	-	-	-	-	-
100 to 149 beds	1	-	-	1	-
150 to 199 beds	-	-	-	-	-
200 to 249 beds	1	-	-	1	-
250 to 299 beds	-	-	-	-	-
300 to 399 beds	-	-	-	-	-
400 to 499 beds	-	-	-	-	-
500 to 749 beds	-	-	-	-	-
750 beds or more	-	-	-	-	-

1/ Includes federal hospitals certified as community hospitals

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 5. Facilities and Services by Type of Hospital, Bed Size, and Number of Hospitals Reporting Each Facility

(See NOTES preceding General Tables)

Type of Hospital and Facilities and Services	All Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
All Hospitals											
Total	6,894	1,859	1,655	874	599	455	328	442	286	266	130
Number reporting:											
Blood bank	6,139	1,550	1,454	799	539	427	309	425	270	253	113
Clinical laboratory	6,812	1,814	1,637	868	593	451	327	442	286	266	128
Pathology laboratory	6,311	1,556	1,468	833	575	447	321	438	281	264	128
Electrocardiograph	6,727	1,764	1,607	862	594	453	326	440	286	266	129
Electroencephalograph	4,772	677	993	703	541	430	317	436	283	264	128
Pharmacy	6,733	1,734	1,626	872	596	454	327	442	286	266	130
Occupational therapy department	2,750	397	423	295	274	246	195	318	235	241	126
Physical therapy department	5,738	1,080	1,398	813	567	447	318	440	283	264	128
Intensive care unit	4,896	698	1,114	746	537	426	313	429	273	252	108
Organized outpatient department	2,269	359	348	251	206	195	148	258	187	205	112
Emergency department	6,134	1,600	1,441	774	532	428	304	423	272	250	110
Home care program	1,404	226	231	176	133	124	92	153	96	121	52
Operating room	6,327	1,597	1,514	821	557	439	318	436	276	255	114
Post-operative recovery room	5,745	1,105	1,440	818	556	435	315	436	274	253	113
Medical social service department	4,612	636	981	679	520	410	303	419	278	260	126
X-ray, diagnostic	6,800	1,804	1,638	866	594	453	323	442	285	265	130
Nuclear medicine	4,662	602	1,003	729	533	429	309	426	275	250	106
Cobalt and radium therapy	2,160	228	300	221	230	198	160	278	203	239	103
Psychiatric inpatient care unit	2,381	287	349	257	249	220	180	284	202	229	124
Rehabilitation unit	1,449	180	198	136	138	127	114	170	120	166	100
Extended care unit	1,369	355	274	155	106	89	74	98	70	99	49
Renal dialysis	1,693	137	170	149	148	175	145	256	201	214	98
Open heart surgery	1,142	118	114	85	80	95	83	146	137	190	94
Coronary care unit	4,257	652	875	620	445	376	284	401	261	244	99
Oral surgery	2,744	381	460	333	268	270	204	306	211	211	100
Obstetrics-gynecology department	4,717	948	1,039	623	448	370	288	393	258	246	104
Pediatric department	3,624	471	631	538	420	357	266	377	244	231	89
Speech therapy department	2,649	322	426	345	271	254	197	315	202	218	99
Pulmonary function department	4,932	829	1,163	699	502	416	295	411	271	249	97
Organ bank	727	90	87	81	63	57	55	87	66	90	51

Ambulatory pre-operative unit	1,317	126	139	140	122	139	128	191	130	144	58
Nursery	4,844	1,289	1,125	576	388	311	249	352	239	231	84
Shock trauma	1,234	148	145	126	102	114	107	161	116	142	73
Short-stay Hospitals											
Total	6,190	1,673	1,473	785	536	420	308	413	263	241	78
Number reporting:											
Blood bank	5,751	1,451	1,363	748	509	403	300	404	258	237	78
Clinical laboratory	6,142	1,648	1,462	780	534	416	307	413	263	241	78
Pathology laboratory	5,750	1,419	1,331	757	528	415	307	412	262	241	78
Electrocardiograph	6,080	1,611	1,440	776	535	419	306	411	263	241	78
Electroencephalograph	4,237	567	859	630	489	401	300	411	262	240	78
Pharmacy	6,051	1,566	1,447	783	534	419	307	413	263	241	78
Occupational therapy department	2,150	268	270	215	217	212	176	289	212	217	74
Physical therapy department	5,168	945	1,252	741	520	415	302	413	262	240	78
Intensive care unit	4,571	626	1,035	703	508	408	303	410	260	240	78
Organized outpatient department	1,890	268	261	197	170	176	138	240	174	192	74
Emergency department	5,741	1,484	1,350	722	503	405	296	405	259	239	78
Home care program	1,262	190	203	152	121	118	91	143	91	117	36
Operating room	5,977	1,512	1,443	777	528	416	307	413	262	241	78
Post-operative recovery room	5,429	1,034	1,376	773	531	415	306	413	262	241	78
Medical social service department	4,041	516	832	601	465	376	287	393	256	237	78
X-ray, diagnostic	6,129	1,640	1,460	780	533	418	305	413	262	240	78
Nuclear medicine	4,316	521	918	678	504	408	300	410	260	239	78
Cobalt and radium therapy	1,889	170	242	182	203	180	154	264	191	227	76
Psychiatric inpatient care unit	1,889	186	232	188	202	188	162	264	184	208	75
Rehabilitation unit	1,092	120	114	89	103	104	101	149	103	151	58
Extended care unit	1,123	292	226	122	90	68	66	82	59	89	29
Renal dialysis	1,509	99	136	120	130	165	141	244	191	206	77
Open heart surgery	983	84	89	59	67	83	81	136	129	182	73
Coronary care unit	4,017	594	825	587	424	361	280	386	250	234	76
Oral surgery	2,469	329	406	295	240	250	196	288	195	198	72
Obstetrics-gynecology department	4,466	888	992	591	425	352	281	380	247	235	75
Pediatric department	3,425	425	582	508	399	345	263	368	239	224	72
Speech therapy department	2,266	244	323	293	237	226	186	290	187	208	72
Pulmonary function department	4,629	755	1,090	658	474	395	291	393	259	239	75
Organ bank	613	64	68	59	55	49	54	77	61	86	40
Ambulatory pre-operative unit	1,187	95	115	116	111	133	126	182	124	140	45
Nursery	4,703	1,245	1,094	554	378	302	248	345	236	228	73
Shock trauma	1,082	114	117	102	87	103	104	150	111	138	56

Table 5. Facilities and Services By Type of Hospital, Bed Size, and Number of Hospitals Reporting Each Facility- Con. Con.

(See NOTES preceding General Tables)

Type of Hospital and Facilities and Services	All Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
Psychiatric Hospitals											
Total	427	82	99	56	42	22	15	20	20	21	50
Number reporting:											
Blood bank	207	36	37	27	16	14	6	15	10	13	33
Clinical laboratory	413	76	96	56	39	22	15	20	20	21	48
Pathology laboratory	343	62	74	45	32	19	9	18	16	20	48
Electrocardiograph	406	73	95	53	39	21	15	20	20	21	49
Electroencephalograph	399	73	91	51	40	21	15	20	18	21	49
Pharmacy	421	77	98	56	42	22	15	20	20	21	50
Occupational therapy department	403	73	90	56	38	22	14	20	20	20	50
Physical therapy department	329	52	70	44	27	20	11	19	18	20	48
Intensive care unit	225	38	51	31	19	14	6	15	11	11	29
Organized outpatient department	251	58	47	33	21	12	7	14	11	12	36
Emergency department	269	58	57	37	22	17	8	15	12	11	32
Home care program	99	23	15	16	7	4	1	10	4	4	15
Operating room	202	33	34	24	17	11	8	16	12	13	34
Post-operative recovery room	194	33	29	27	17	10	7	16	10	12	33
Medical social service department	363	63	82	50	34	21	11	18	19	19	46
X-ray, diagnostic	414	74	98	55	41	22	13	20	20	21	50
Nuclear medicine	240	47	56	34	21	12	6	13	13	11	27
Cobalt and radium therapy	190	36	34	24	19	11	5	12	11	11	27
Psychiatric inpatient care unit	403	78	95	53	36	22	15	18	18	20	48
Rehabilitation unit	223	29	39	27	21	12	10	17	15	12	41
Extended care unit	153	24	25	21	11	13	7	13	10	9	20
Renal dialysis	135	26	19	18	12	8	3	11	9	8	21
Open heart surgery	129	26	17	18	10	9	2	10	8	8	21
Coronary care unit	165	33	27	21	15	10	4	13	10	10	22
Oral surgery	194	32	34	22	19	15	6	15	13	11	27
Obstetrics-gynecology department	177	33	27	22	17	13	5	12	10	10	28
Pediatric department	128	28	23	18	13	9	2	8	4	7	16
Speech therapy department	209	32	39	30	20	16	9	16	13	8	26
Pulmonary function department	154	35	28	19	12	10	2	12	9	7	20
Organ bank	91	20	11	16	6	7	1	10	5	4	11

Ambulatory pre-operative unit	100	21	13	19	9	5	2	9	5	4	13
Nursery	85	19	15	14	7	6	1	6	3	3	11
Shock trauma	126	27	21	20	12	6	3	11	5	4	17
Other Long-stay Hospitals											
Total	277	104	83	33	21	13	5	9	3	4	2
Number reporting:											
Blood bank	181	63	54	24	14	10	3	6	2	3	2
Clinical laboratory	218	75	63	31	15	13	5	8	3	3	2
Pathology laboratory	257	90	79	32	20	13	5	9	3	4	2
Electrocardiograph	241	80	72	33	20	13	5	9	3	4	2
Electroencephalograph	136	37	43	22	12	8	2	5	3	3	1
Pharmacy	261	91	81	33	20	13	5	9	3	4	2
Occupational therapy department	197	56	63	24	19	12	5	9	3	4	2
Physical therapy department	241	83	76	28	20	12	5	8	3	4	2
Intensive care unit	100	34	28	12	10	4	4	4	2	1	1
Organized outpatient department	128	33	40	21	15	7	3	4	2	1	2
Emergency department	124	58	34	15	7	6	-	3	1	-	-
Home care program	43	13	13	8	5	2	-	-	1	-	1
Operating room	148	52	37	20	12	12	3	7	2	1	2
Post-operative recovery room	122	38	35	18	8	10	2	7	2	-	2
Medical social service department	208	57	67	28	21	13	5	8	3	4	2
X-ray, diagnostic	257	90	80	31	20	13	5	9	3	4	2
Nuclear medicine	106	34	29	17	8	9	3	3	2	-	1
Cobalt and radium therapy	81	22	24	15	8	7	1	2	1	1	-
Psychiatric inpatient care unit	89	23	22	16	11	10	3	2	-	1	1
Rehabilitation unit	134	31	45	20	14	11	3	4	2	3	1
Extended care unit	93	39	23	12	5	8	1	3	1	1	-
Renal dialysis	49	12	15	11	6	2	1	1	1	-	-
Open heart surgery	30	8	8	8	3	3	-	-	-	-	-
Coronary care unit	75	25	23	12	6	5	-	2	1	-	1
Oral surgery	81	20	20	16	9	5	2	3	3	2	1
Obstetrics-gynecology department	74	27	20	10	6	5	2	1	1	1	1
Pediatric department	71	18	26	12	8	3	1	1	1	-	1
Speech therapy department	174	46	64	22	14	12	2	9	2	2	1
Pulmonary function department	149	39	45	22	16	11	2	6	3	3	2
Organ bank	23	6	8	6	2	1	-	-	-	-	-
Ambulatory pre-operative unit	30	10	11	5	2	1	-	-	1	-	-
Nursery	56	25	16	8	3	3	-	1	-	-	-
Shock trauma	26	7	7	4	3	5	-	-	-	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 6. Facilities and Services in Short-stay Hospitals by Bed Size, and Number of Hospitals Reporting Each Facility, by Division

(See NOTES preceding General Tables)

Division, Facilities and Services	All Short-Stay Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
United States											
Total	6,133	1,663	1,458	775	530	413	305	409	262	240	78
Number reporting:											
Blood bank	5,700	1,445	1,349	738	504	396	297	400	257	236	78
Clinical laboratory	6,086	1,639	1,447	770	528	409	304	409	262	240	78
Pathology laboratory	5,697	1,411	1,317	747	522	409	304	408	261	240	78
Electrocardiograph	6,025	1,603	1,425	766	529	412	303	407	262	240	78
Electroencephalograph	4,208	565	855	623	484	397	299	407	261	239	78
Pharmacy	5,994	1,556	1,432	773	528	412	304	409	262	240	78
Occupational therapy department	2,135	267	267	213	217	209	174	287	211	216	74
Physical therapy department	5,135	944	1,246	734	516	409	299	409	261	239	78
Intensive care unit	4,546	625	1,032	695	505	404	302	406	260	239	78
Organized outpatient department	1,856	262	255	189	168	171	137	236	173	191	74
Emergency department	5,685	1,475	1,335	712	497	398	293	401	258	238	78
Home care program	1,245	188	201	148	120	114	90	141	91	116	36
Operating room	5,921	1,503	1,428	767	522	409	304	409	261	240	78
Post-operative recovery room	5,384	1,030	1,363	765	525	409	304	409	261	240	78
Medical social service department	4,004	513	827	592	459	371	284	389	255	236	78
X-ray, diagnostic	6,074	1,630	1,446	770	527	416	303	409	261	239	78
Nuclear medicine	4,296	521	916	674	500	404	299	406	260	238	78
Cobalt and radium therapy	1,881	170	241	181	201	178	154	263	191	226	76
Psychiatric inpatient care unit	1,885	186	231	188	202	187	162	263	184	207	75
Rehabilitation unit	1,086	120	112	89	102	104	100	148	103	150	58
Extended care unit	1,115	292	224	120	90	67	65	81	59	88	29
Renal dialysis	1,498	99	135	118	130	162	140	241	191	205	77
Open heart surgery	978	84	88	59	66	82	81	135	129	181	73
Coronary care unit	4,000	594	822	585	422	357	278	383	250	233	76
Oral surgery	2,443	326	400	291	238	246	194	285	194	197	72
Obstetrics-gynecology department	4,415	881	979	581	419	345	278	377	246	234	75
Pediatric department	3,374	416	568	500	393	339	260	365	238	223	72
Speech therapy department	2,259	244	321	292	237	226	185	288	187	207	72
Pulmonary function department	4,605	754	1,083	654	471	391	290	390	259	238	75
Organ bank	611	64	68	58	55	49	54	77	61	85	40

Ambulatory pre-operative unit	1,179	94	113	115	111	133	124	181	124	139	45
Nursery	4,660	1,237	1,086	545	373	297	245	342	235	227	73
Shock trauma	1,079	114	116	102	87	103	104	149	111	137	56
New England											
Total	278	42	69	34	32	29	17	34	11	6	4
Number reporting:											
Blood bank	266	37	66	34	30	28	17	33	11	6	4
Clinical laboratory	276	41	68	34	32	29	17	34	11	6	4
Pathology laboratory	268	38	65	34	30	29	17	34	11	6	4
Electrocardiograph	277	41	69	34	32	29	17	34	11	6	4
Electroencephalograph	226	21	43	30	31	29	17	34	11	6	4
Pharmacy	276	41	68	34	32	29	17	34	11	6	4
Occupational therapy department	160	18	29	13	20	21	12	29	9	5	4
Physical therapy department	264	34	69	31	30	29	16	34	11	6	4
Intensive care unit	235	24	54	30	29	28	16	33	11	6	4
Organized outpatient department	156	15	29	17	13	21	12	29	10	6	4
Emergency department	254	36	60	30	31	27	16	33	11	6	4
Home care program	96	11	21	11	8	8	5	18	7	4	3
Operating room	267	35	67	34	31	28	17	34	11	6	4
Post-operative recovery room	263	31	67	34	31	28	17	34	11	6	4
Medical social service department	257	28	65	34	30	28	17	34	11	6	4
X-ray, diagnostic	277	41	69	34	32	29	17	34	11	6	4
Nuclear medicine	231	21	52	30	30	29	15	33	11	6	4
Cobalt and radium therapy	123	16	22	12	13	11	5	25	9	6	4
Psychiatric inpatient care unit	140	14	26	17	18	14	10	24	8	5	4
Rehabilitation unit	71	7	11	5	8	8	5	15	6	2	4
Extended care unit	64	13	16	8	6	3	2	9	3	1	3
Renal dialysis	86	5	6	6	5	13	6	25	10	6	4
Open heart surgery	49	5	4	6	2	4	1	11	7	5	4
Coronary care unit	186	17	35	23	24	22	13	32	10	6	4
Oral surgery	188	19	32	26	23	26	13	30	9	6	4
Obstetrics-gynecology department	216	24	52	24	25	24	15	32	10	6	4
Pediatric department	211	19	47	25	29	26	15	31	9	6	4
Speech therapy department	160	16	22	19	24	22	11	27	9	6	4
Pulmonary function department	239	20	63	29	29	29	15	33	11	6	4
Organ bank	39	4	4	3	3	4	2	11	4	3	1
Ambulatory pre-operative unit	109	11	13	11	10	16	11	23	7	5	2
Nursery	179	22	39	18	22	22	12	27	9	5	3
Shock trauma	66	7	8	7	5	7	7	12	7	4	2

Table 6. Facilities and Services in Short-stay Hospitals by Bed Size, and Number of Hospitals Reporting Each Facility, by Division--Con.

(See NOTES preceding General Tables)

Division, Facilities and Services	All Short-Stay Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
Middle Atlantic											
Total	659	50	88	97	82	93	59	78	43	53	16
Number reporting:											
Blood bank	639	36	87	97	81	92	59	77	42	52	16
Clinical laboratory	657	49	88	96	82	93	59	78	43	53	16
Pathology laboratory	639	41	80	96	82	92	59	78	42	53	16
Electrocardiograph	651	48	84	96	82	93	58	78	43	53	16
Electroencephalograph	567	25	54	79	72	91	58	78	42	52	16
Pharmacy	651	44	86	97	82	93	59	78	43	53	16
Occupational therapy department	330	17	25	31	34	42	29	59	32	45	16
Physical therapy department	628	38	84	91	79	91	57	78	42	52	16
Intensive care unit	585	19	70	84	77	88	59	78	42	52	16
Organized outpatient department	375	15	25	30	43	58	40	60	37	51	16
Emergency department	625	38	83	92	79	87	58	78	42	52	16
Home care program	236	9	15	23	27	36	21	38	20	37	10
Operating room	638	37	86	95	81	91	59	78	42	53	16
Post-operative recovery room	630	30	84	95	82	91	59	78	42	53	16
Medical social service department	609	38	74	88	78	87	57	76	42	53	16
X-ray, diagnostic	657	49	88	97	82	92	59	78	43	53	16
Nuclear medicine	553	12	46	85	77	87	59	78	41	52	16
Cobalt and radium therapy	312	9	22	22	32	36	35	54	37	50	15
Psychiatric inpatient care unit	307	12	24	23	30	40	32	57	29	45	15
Renabilitation unit	223	12	20	13	25	23	22	35	22	38	13
Extended care unit	196	16	28	27	22	22	19	23	16	16	7
Renal dialysis	235	5	14	13	21	24	23	44	30	45	16
Open heart surgery	146	6	14	8	10	9	15	22	17	32	13
Coronary care unit	517	17	49	76	70	78	51	73	39	48	16
Oral surgery	438	11	41	49	58	71	40	67	37	48	16
Obstetrics-gynecology department	540	22	59	70	70	79	57	77	42	48	16
Pediatric department	506	13	45	67	70	74	54	78	40	50	15
Speech therapy department	369	11	29	46	45	44	39	61	31	48	15
Pulmonary function department	571	24	64	83	74	85	56	76	41	52	16
Organ bank	113	2	8	6	14	9	13	21	8	24	8
Ambulatory pre-operative unit	206	6	14	15	28	27	23	36	21	26	10
Nursery	467	16	54	57	56	63	48	71	41	45	16
Shock trauma	169	2	12	11	15	24	19	30	19	27	10

East North Central											
Total	946	149	221	133	84	75	62	88	62	54	18
Number reporting:											
Blood bank	885	128	208	118	81	73	60	86	61	52	18
Clinical laboratory	936	143	220	132	84	73	62	88	62	54	18
Pathology laboratory	883	118	197	127	82	75	62	88	62	54	18
Electrocardiograph	934	143	217	132	84	75	61	88	62	54	18
Electroencephalograph	737	61	128	113	80	72	61	88	62	54	18
Pharmacy	932	138	220	132	83	75	62	88	62	54	18
Occupational therapy department	412	40	41	35	30	36	44	64	53	52	17
Physical therapy department	892	117	207	128	83	74	61	88	62	54	18
Intensive care unit	770	53	164	116	81	74	61	88	61	54	18
Organized outpatient department	306	25	36	31	17	28	23	40	41	47	18
Emergency department	898	132	212	120	77	75	61	87	62	54	18
Home care program	221	17	38	25	17	22	19	28	17	30	8
Operating room	922	132	219	130	83	75	61	88	62	54	18
Post-operative recovery room	898	115	212	130	83	75	61	88	62	54	18
Medical social service department	728	76	138	104	69	67	60	83	60	53	18
X-ray, diagnostic	934	143	220	131	83	74	61	88	62	54	18
Nuclear medicine	743	54	138	116	80	74	59	88	62	54	18
Cobalt and radium therapy	340	21	37	34	19	36	31	50	41	53	18
Psychiatric inpatient care unit	326	22	35	26	19	34	32	52	41	48	17
Rehabilitation unit	199	15	19	13	8	20	19	33	21	37	14
Extended care unit	200	38	53	19	10	16	9	16	8	25	6
Renal dialysis	245	13	20	19	9	30	22	35	34	45	18
Open heart surgery	176	10	17	10	7	20	8	20	24	43	17
Coronary care unit	669	46	136	95	61	64	56	83	57	54	17
Oral surgery	354	22	52	35	29	32	29	53	40	45	17
Obstetrics-gynecology department	753	78	166	107	73	64	55	79	60	54	17
Pediatric department	621	49	95	89	64	68	53	79	58	51	15
Speech therapy department	473	38	71	51	40	46	43	69	51	47	17
Pulmonary function department	759	77	154	107	78	69	60	83	61	54	16
Organ bank	115	9	20	8	6	12	8	12	10	22	8
Ambulatory pre-operative unit	226	11	24	20	13	30	21	37	23	38	9
Nursery	745	92	170	100	72	59	53	73	57	53	16
Shock trauma	197	13	21	11	14	21	18	35	20	31	13

Table 6. Facilities and Services in Short-stay Hospitals by Bed Size, and Number of Hospitals Reporting Each Facility, by Division-Con.

(See NOTES preceding General Tables)

Division, Facilities and Services	All Short-Stay Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
West North Central											
Total	847	412	188	83	39	19	21	30	24	23	8
Number reporting:											
Blood bank	768	365	165	79	34	19	21	30	24	23	8
Clinical laboratory	843	410	187	82	39	19	21	30	24	23	8
Pathology laboratory	753	348	161	80	39	19	21	30	24	23	8
Electrocardiograph	826	396	183	83	39	19	21	30	24	23	8
Electroencephalograph	473	135	101	74	38	19	21	30	24	23	8
Pharmacy	815	384	184	83	39	19	21	30	24	23	8
Occupational therapy department	263	68	33	35	23	8	18	26	22	22	8
Physical therapy department	688	267	176	81	39	19	21	30	24	23	8
Intensive care unit	548	161	144	80	38	19	21	30	24	23	8
Organized outpatient department	179	52	26	24	10	5	7	14	17	17	7
Emergency department	813	388	182	80	39	19	20	30	24	23	8
Home care program	147	50	26	22	7	3	7	6	11	12	3
Operating room	819	387	185	83	39	19	21	30	24	23	8
Post-operative recovery room	615	204	164	83	39	19	21	30	24	23	8
Medical social service department	423	111	93	66	34	16	18	30	24	23	8
X-ray, diagnostic	840	406	187	83	39	19	21	30	24	23	8
Nuclear medicine	494	151	113	73	36	18	20	29	24	22	8
Cobalt and radium therapy	189	40	22	22	17	11	9	22	17	21	8
Psychiatric inpatient care unit	208	34	27	25	22	13	16	22	20	21	8
Rehabilitation unit	118	27	8	13	9	2	12	10	12	17	8
Extended care unit	146	75	25	14	2	1	4	4	7	12	2
Renal dialysis	123	22	9	16	10	6	7	17	13	15	8
Open heart surgery	89	17	7	5	8	1	6	9	13	15	8
Coronary care unit	497	175	118	62	25	16	20	26	24	23	8
Oral surgery	253	79	39	35	14	11	15	19	19	16	6
Obstetrics-gynecology department	573	234	127	64	30	17	20	28	23	23	7
Pediatric department	374	108	65	59	31	16	20	24	24	20	7
Speech therapy department	278	71	46	44	21	10	15	22	20	21	8
Pulmonary function department	491	127	138	72	33	18	21	27	24	23	8
Organ bank	60	16	4	10	6	1	4	5	5	4	5
Ambulatory pre-operative unit	108	17	10	15	6	6	9	14	13	12	6
Nursery	750	371	169	67	31	15	18	26	23	23	7
Shock trauma	105	22	8	13	6	5	6	9	13	17	6

South Atlantic

Total	854	132	226	125	82	60	54	71	50	41	13
Number reporting:											
Blood bank	790	105	206	121	79	55	53	69	49	40	13
Clinical laboratory	849	131	223	124	82	60	54	71	50	41	13
Pathology laboratory	799	111	201	117	82	59	54	71	50	41	13
Electrocardiograph	839	129	220	120	82	60	54	70	50	41	13
Electroencephalograph	581	47	112	72	69	52	54	17	50	41	13
Pharmacy	844	127	221	125	82	60	54	71	50	41	13
Occupational therapy department	263	25	28	20	22	25	17	43	36	35	12
Physical therapy department	701	56	164	113	79	60	54	71	50	41	13
Intensive care unit	655	37	142	112	76	59	54	71	50	41	13
Organized outpatient department	257	32	30	24	22	18	21	37	31	29	13
Emergency department	767	109	195	109	77	57	49	69	49	40	13
Home care program	132	10	22	9	14	16	9	19	15	13	5
Operating room	821	111	218	124	80	59	54	71	50	41	13
Post-operative recovery room	801	96	212	123	81	60	54	71	50	41	13
Medical social service department	580	41	114	90	67	52	47	67	50	39	13
X-ray, diagnostic	845	130	224	123	82	60	53	71	49	40	13
Nuclear medicine	628	36	127	98	78	60	54	71	50	41	13
Cobalt and radium therapy	251	13	37	18	23	15	22	39	32	39	13
Psychiatric inpatient care unit	272	14	34	21	27	22	27	44	34	36	13
Rehabilitation unit	109	10	13	8	6	7	10	12	11	24	8
Extended care unit	132	15	30	16	12	8	10	12	8	16	5
Renal dialysis	240	9	18	17	13	17	27	48	41	37	13
Open heart surgery	124	8	11	3	8	9	8	17	18	30	12
Coronary care unit	568	31	104	92	65	55	51	67	50	40	13
Oral surgery	324	21	47	33	30	31	33	47	38	31	13
Obstetrics-gynecology department	605	58	138	90	61	45	47	66	47	40	13
Pediatric department	460	27	72	68	56	40	42	59	47	36	13
Speech therapy department	273	23	32	28	22	25	28	41	30	33	11
Pulmonary function department	655	65	146	96	69	59	49	67	50	41	13
Organ bank	76	3	9	3	6	4	9	10	11	12	9
Ambulatory pre-operative unit	154	9	13	8	10	12	16	32	20	28	6
Nursery	585	65	157	88	51	35	39	56	43	38	13
Shock trauma	158	9	18	16	6	10	18	26	18	25	12

Table 6. Facilities and Services in Short-stay Hospitals by Bed Size, and Number of Hospitals Reporting Each Facility, by Division-Con.

(See NOTES preceding General Tables)

Division, Facilities and Services	All Short-Stay Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
East South Central											
Total	514	132	175	64	44	21	19	19	19	17	4
Number reporting:											
Blood bank	477	115	163	60	41	21	18	19	19	17	4
Clinical laboratory	505	128	172	64	44	20	18	19	19	17	4
Pathology laboratory	451	105	151	57	42	20	18	18	19	17	4
Electrocardiograph	500	123	170	64	44	21	19	19	19	17	4
Electroencephalograph	263	35	59	42	33	20	16	18	19	17	4
Pharmacy	493	119	168	64	44	21	18	19	19	17	4
Occupational therapy department	77	8	13	6	12	2	7	2	11	13	3
Physical therapy department	358	35	123	61	43	20	17	19	19	17	4
Intensive care unit	303	13	97	52	43	21	18	19	19	17	4
Organized outpatient department	105	18	23	9	13	7	7	8	7	9	4
Emergency department	479	115	166	60	40	20	19	19	19	17	4
Home care program	87	16	21	15	12	4	6	4	3	4	2
Operating room	495	117	171	64	44	21	19	19	19	17	4
Post-operative recovery room	442	81	156	63	44	20	19	19	19	17	4
Medical social service department	305	31	91	52	43	19	17	15	17	16	4
X-ray, diagnostic	506	128	173	64	42	21	19	19	19	17	4
Nuclear medicine	302	27	85	50	41	21	19	19	19	17	4
Cobalt and radium therapy	136	13	27	16	17	12	7	10	14	16	4
Psychiatric inpatient care unit	112	9	15	9	20	8	8	11	15	13	4
Rehabilitation unit	44	5	7	5	7	-	4	6	3	5	2
Extended care unit	78	22	25	10	7	1	3	2	3	4	1
Renal dialysis	85	7	8	4	11	6	9	7	16	13	4
Open heart surgery	51	4	6	2	4	2	4	3	11	11	4
Coronary care unit	260	19	67	45	38	15	18	19	19	16	4
Oral surgery	129	18	28	17	13	6	10	8	13	13	3
Obstetrics-gynecology department	302	46	94	43	32	17	18	16	15	17	4
Pediatric department	197	17	37	34	30	15	14	15	15	16	4
Speech therapy department	83	7	14	12	11	7	5	6	6	12	3
Pulmonary function department	350	50	119	53	33	19	19	18	19	16	4
Organ bank	31	2	6	4	3	1	3	2	3	4	3
Ambulatory pre-operative unit	45	3	4	3	2	5	7	4	10	4	3
Nursery	375	93	124	45	29	16	17	16	14	17	4
Shock trauma	67	7	11	8	10	2	6	4	8	7	4

West South Central

Total	867	320	233	114	61	33	29	29	20	17	11
Number reporting:											
Blood bank	842	304	228	113	60	31	29	29	20	17	11
Clinical laboratory	862	318	233	113	60	32	29	29	20	17	11
Pathology laboratory	831	301	219	113	60	32	29	29	20	17	11
Electrocardiograph	848	309	228	113	61	32	29	28	20	17	11
Electroencephalograph	543	97	156	94	58	33	28	29	20	17	11
Pharmacy	852	308	230	114	61	33	29	29	20	17	11
Occupational therapy department	127	6	15	13	12	14	12	15	15	15	10
Physical therapy department	588	104	179	107	59	33	29	29	20	17	11
Intensive care unit	552	103	151	101	59	33	29	28	20	17	11
Organized outpatient department	114	18	23	17	9	6	5	10	9	9	8
Emergency department	804	295	216	103	56	33	26	28	19	17	11
Home care program	46	9	8	7	6	2	4	3	4	1	2
Operating room	835	293	229	114	60	33	29	29	20	17	11
Post-operative recovery room	711	178	220	114	60	33	29	29	20	17	11
Medical social service department	325	28	70	57	47	26	25	25	19	17	11
X-ray, diagnostic	859	315	231	113	61	33	29	29	20	17	11
Nuclear medicine	537	86	152	104	56	33	29	29	20	17	11
Cobalt and radium therapy	179	15	25	23	27	16	17	17	16	13	10
Psychiatric inpatient care unit	145	7	17	23	18	16	11	13	14	16	10
Rehabilitation unit	53	4	2	7	7	4	7	4	5	7	6
Extended care unit	37	11	5	6	4	1	1	1	1	3	4
Renal dialysis	134	5	13	11	12	18	17	16	16	16	10
Open heart surgery	94	3	4	7	3	10	12	14	13	17	11
Coronary care unit	489	94	128	88	52	28	28	25	19	17	10
Oral surgery	378	91	95	55	28	23	25	22	15	14	10
Obstetrics-gynecology department	599	171	165	88	50	30	25	26	17	17	10
Pediatric department	331	35	74	65	38	27	22	25	18	17	10
Speech therapy department	107	7	13	17	10	9	8	12	9	12	10
Pulmonary function department	643	172	182	100	54	32	27	29	20	17	10
Organ bank	38	2	2	6	5	1	2	4	8	4	4
Ambulatory pre-operative unit	78	3	9	7	10	4	10	7	11	10	7
Nursery	695	252	196	85	47	26	21	24	17	17	10
Shock trauma	74	4	13	6	6	3	8	7	10	10	7

Table 6. Facilities and Services in Short-stay Hospitals by Bed Size, and Number of Hospitals Reporting Each Facility, by Division-Con.

(See NOTES preceding General Tables)

Division, Facilities and Services	All Short-Stay Hospitals	Bed size									
		Less than 49 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 249 beds	250 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 749 beds	750 beds or more
Mountain											
Total	406	214	76	30	21	17	14	16	8	10	-
Number reporting:											
Blood bank	363	180	73	27	20	17	13	16	7	10	-
Clinical laboratory	401	209	76	30	21	17	14	16	8	10	-
Pathology laboratory	353	170	68	29	21	17	14	16	8	10	-
Electrocardiograph	398	208	74	30	21	17	14	16	8	10	-
Electroencephalograph	212	51	49	28	21	15.	14	16	8	10	-
Pharmacy	387	197	74	30	21	17	14	16	8	10	-
Occupational therapy department	119	30	17	11	10	10	10	13	8	10	-
Physical therapy department	317	135	67	29	21	17	14	16	8	10	-
Intensive care unit	281	111	58	27	20	17	14	16	8	10	-
Organized outpatient department	112	48	16	7	8	5	5	11	5	7	-
Emergency department	380	195	72	27	21	17	14	16	8	10	-
Home care program	77	28	11	8	7	2	7	7	1	6	-
Operating room	383	193	75	29	21	17	14	16	8	10	-
Post-operative recovery room	323	137	71	29	21	17	14	16	8	10	-
Medical social service department	215	68	44	23	17	16	14	15	8	10	-
X-ray, diagnostic	397	208	73	30	21	17	14	16	8	10	-
Nuclear medicine	197	41	45	26.	20	17	14	16	8	10	-
Cobalt and radium therapy	82	18	11	7	12	5	7	9	4	9	-
Psychiatric inpatient care unit	105	24	17	10	12	10	7	14	4	7	-
Rehabilitation unit	71	19	9	6	7	5	7	9	4	5	-
Extended care unit	88	51	14	3	7	1	5	3	1	3	-
Renal dialysis	88	14	9	6	9	11	7	15	7	10	-
Open heart surgery	65	14	8	2	5	3	6	10	7	10	-
Coronary care unit	261	103	52	24	19	17	12	16	8	10	-
Oral surgery	114	32	21	9	12	7	10	11	5	7	-
Obstetrics-gynecology department	297	132	61	27	19	12	14	15	7	10	-
Pediatric department	232	82	48	25	19	14	13	16	5	10	-
Speech therapy department	136	31	23	13	15	10	11	15	8	10	-
Pulmonary function department	257	90	56	27	20	17	13	16	8	10	-
Organ bank	35	9	2	5	3	2	4	5	2	3	-
Ambulatory pre-operative unit	67	14	5	8	8	5	9	8	5	5	-
Nursery	341	177	67	25	17	14	12	12	7	10	-
Shock trauma	79	21	13	4	8	8	7	10	2	6	-

Pacific											
Total	762	212	182	95	85	66	30	44	25	19	4
Number reporting:											
Blood bank	670	175	153	89	78	60	27	41	24	19	4
Clinical laboratory	757	210	180	95	84	66	30	44	25	19	4
Pathology laboratory	720	179	175	94	84	66	30	44	25	19	4
Electrocardiograph	752	206	180	94	84	66	30	44	25	19	4
Electroencephalograph	606	93	153	91	82	66	30	43	25	19	4
Pharmacy	744	198	181	94	84	65	30	44	25	19	4
Occupational therapy department	384	55	66	49	54	51	25	36	25	19	4
Physical therapy department	699	158	177	93	83	66	30	44	25	19	4
Intensive care unit	617	104	152	93	82	65	30	43	25	19	4
Organized outpatient department	252	39	47	30	33	23	17	27	16	16	4
Emergency department	665	167	149	91	77	63	30	41	24	19	4
Home care program	203	38	39	28	22	21	12	18	13	9	3
Operating room	741	198	178	94	83	66	30	44	25	19	4
Post-operative recovery room	701	158	177	94	84	66	30	44	25	19	4
Medical social service department	562	92	138	78	74	60	29	44	24	19	4
X-ray, diagnostic	759	210	181	95	85	66	30	44	25	19	4
Nuclear medicine	611	93	158	92	82	65	30	43	25	19	4
Cobalt and radium therapy	269	25	38	27	41	36	21	37	21	19	4
Psychiatric inpatient care unit	270	50	36	34	36	30	19	26	19	16	4
Rehabilitation unit	198	21	23	19	25	35	14	24	19	15	3
Extended care unit	174	51	28	17	20	14	12	11	12	8	1
Renal dialysis	262	19	38	26	40	37	22	34	24	16	4
Open heart surgery	184	17	17	16	19	24	21	29	19	18	4
Coronary care unit	553	92	133	80	68	62	29	42	24	19	4
Oral surgery	265	33	45	32	31	39	19	28	18	17	3
Obstetrics-gynecology department	530	116	117	68	59	57	27	38	25	19	4
Pediatric department	442	66	85	68	56	59	27	38	22	17	4
Speech therapy department	380	40	71	62	49	53	25	35	23	18	4
Pulmonary function department	640	129	161	87	81	63	30	41	25	19	4
Organ bank	104	17	13	13	9	15	9	7	10	9	2
Ambulatory pre-operative unit	186	20	21	28	24	28	18	20	14	11	2
Nursery	523	149	110	60	48	47	25	37	24	19	4
Shock trauma	164	29	12	26	17	23	15	16	14	10	2

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 7. Number of Short-stay Hospitals, Beds, and Professional and Technical Employees by Job Category, by Region, Division, and State

(See NOTES Preceding General Tables)

Region, Division, and State	All Hospitals		Professional and Technical Employees							
	Number	Beds	Residents	Registered Professional Nurses	Licensed Practical Nurses	Registered Pharmacists	Qualified Social Workers	Occupational Therapists	Speech Therapists	Physical Therapists
All Areas	6,190	998,811	77,249	549,383	226,258	24,015	13,564	4,212	2,066	13,775
United States	6,133	990,479	76,473	545,687	222,547	23,870	13,496	4,197	2,065	13,713
Northeast	937	215,468	26,111	143,144	43,803	5,016	4,321	986	649	3,506
North Central	1,793	286,035	20,834	155,798	60,044	6,716	4,504	1,410	656	3,755
South	2,235	337,674	19,473	153,494	89,524	8,025	2,612	775	335	3,624
West	1,168	151,302	10,055	93,251	29,176	4,113	2,059	1,026	425	2,828
New England	278	51,102	5,826	37,984	11,746	1,177	1,097	314	177	1,156
Connecticut	36	11,058	1,355	7,684	2,344	242	255	52	15	221
Maine	53	4,560	166	2,883	1,217	100	88	28	11	102
Massachusetts	131	26,986	3,528	20,930	5,714	607	637	204	129	654
New Hampshire	28	3,153	162	2,587	754	79	42	15	8	78
Rhode Island	14	3,427	426	2,601	1,138	104	50	5	6	55
Vermont	16	1,918	189	1,299	579	45	25	10	8	46
Middle Atlantic	659	164,366	20,285	105,160	32,057	3,839	3,224	672	472	2,350
New Jersey	107	31,027	2,650	17,624	6,486	589	362	90	127	434
New York	311	80,201	12,900	53,425	13,823	1,736	2,074	387	237	1,126
Pennsylvania	241	53,138	4,735	34,111	11,748	1,514	788	195	108	790
East North Central	946	192,254	14,000	109,730	41,645	4,710	3,249	902	461	2,400
Illinois	252	57,082	4,528	33,575	9,553	1,374	734	256	149	701
Indiana	128	24,390	802	13,069	4,273	550	292	104	60	271
Michigan	217	39,498	3,879	22,215	10,270	1,137	1,329	192	87	508
Ohio	204	50,061	3,857	29,668	13,186	1,116	673	199	109	589
Wisconsin	145	21,223	934	11,203	4,363	533	221	151	56	331
West North Central	847	93,781	6,834	46,068	18,399	2,006	1,255	508	195	1,355
Iowa	132	15,656	786	7,998	2,781	284	171	59	29	232
Kansas	147	12,826	588	5,743	2,096	252	94	59	20	177
Minnesota	185	21,160	2,686	12,170	4,187	450	247	216	43	346
Missouri	162	28,114	2,133	12,308	5,537	606	489	120	54	363
Nebraska	103	8,149	478	4,184	2,135	235	171	26	41	139
North Dakota	54	3,994	80	1,912	985	79	49	20	6	60
South Dakota	64	3,882	83	1,753	678	100	34	8	2	38

South Atlantic	854	160,421	10,787	81,763	42,541	4,275	1,429	438	191	1,768
Delaware	7	1,973	188	1,467	557	36	20	2	2	20
Dist Of Columbia	13	4,850	1,468	3,654	780	117	113	35	15	82
Florida	223	47,980	1,844	24,927	9,963	1,001	324	130	48	448
Georgia	166	24,080	1,296	10,438	13,261	535	179	67	22	265
Maryland	57	15,066	1,645	9,722	2,190	351	256	56	17	204
North Carolina	140	23,136	1,689	11,338	4,876	1,381	186	54	32	282
South Carolina	74	11,730	866	5,441	2,826	251	111	18	6	123
Virginia	108	21,453	1,405	10,427	5,607	438	187	69	27	272
West Virginia	66	10,153	386	4,349	2,481	165	53	7	22	72
East South Central	514	71,525	3,261	28,821	18,840	1,489	537	72	29	630
Alabama	135	19,545	806	8,032	5,661	402	146	29	9	157
Kentucky	106	14,862	790	6,846	2,908	273	109	7	4	136
Mississippi	117	12,101	233	4,429	4,071	260	105	9	6	100
Tennessee	156	25,017	1,432	9,514	6,200	554	177	27	10	237
West South Central	867	105,728	5,425	42,910	28,143	2,261	646	265	115	1,226
Arkansas	97	10,942	430	3,873	3,394	250	59	11	29	106
Louisiana	139	19,171	1,172	7,299	4,288	437	127	28	6	141
Oklahoma	134	13,867	810	6,086	3,370	329	100	39	13	222
Texas	497	61,748	3,013	25,652	17,091	1,245	360	187	67	757
Mountain	406	40,567	2,320	24,511	7,717	1,106	454	205	91	731
Arizona	68	9,728	725	6,614	1,651	320	161	41	24	182
Colorado	84	11,089	709	6,870	1,780	276	135	99	42	267
Idaho	48	2,821	19	1,581	993	77	14	12	8	47
Montana	69	3,679	-	1,993	652	93	27	12	4	58
Nevada	23	3,006	236	1,779	693	89	22	13	5	26
New Mexico	47	4,526	220	2,319	890	117	37	12	2	67
Utah	39	4,027	392	2,579	846	110	43	11	5	57
Wyoming	28	1,691	19	776	212	24	15	5	1	27
Pacific	762	110,735	7,735	68,740	21,459	3,007	1,605	821	334	2,097
Alaska	24	1,257	1	787	128	35	13	2	-	21
California	530	86,424	6,430	51,722	16,192	2,320	1,310	567	266	1,578
Hawaii	20	2,242	151	1,773	681	53	41	20	6	71
Oregon	78	8,782	504	6,153	1,602	221	82	129	33	180
Washington	110	12,030	649	8,305	2,856	378	159	103	29	247
Other Outlying Areas	57	8,332	776	3,696	3,711	145	68	15	1	62
Puerto Rico	55	8,016	776	3,557	3,603	139	65	13	1	60
Virgin Islands	2	316	-	139	108	6	3	2	-	2
Other	-	-	-	-	-	-	-	-	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 8. Ratio of Beds per Nurse, by Type of Nurse and Hospital, by Region, Division, and State

(See NOTES preceding General Tables)

Region, Division, and State	Short-stay Hospitals		Psychiatric Hospitals		Other Long-stay Hospitals	
	Beds per Registered Professional Nurse	Beds per Licensed Practical Nurse	Beds per Registered Professional Nurse	Beds per Licensed Practical Nurse	Beds per Registered Professional Nurse	Beds per Licensed Practical Nurse
All Areas	1.8	4.4	7.7	16.8	3.9	7.0
United States	1.8	4.5	7.7	16.8	3.9	7.0
Northeast	1.5	4.9	8.5	22.2	4.2	6.6
North Central	1.8	4.8	7.3	15.3	4.7	8.4
South	2.2	3.8	7.9	13.4	4.1	6.7
West	1.6	5.2	4.6	10.2	2.2	6.3
New England	1.4	4.4	6.9	13.9	5.1	6.6
Connecticut	1.4	4.7	7.2	34.6	3.6	8.5
Maine	1.6	3.8	14.8	57.6	-	-
Massachusetts	1.3	4.7	4.6	4.6	5.0	5.8
New Hampshire	1.2	4.2	5.3	26.4	-	-
Rhode Island	1.3	3.0	14.0	126.8	10.8	11.3
Vermont	1.5	3.3	7.3	17.4	-	-
Middle Atlantic	1.6	5.1	8.8	24.6	3.2	6.6
New Jersey	1.8	4.8	9.4	10.1	3.5	6.5
New York	1.5	5.8	10.8	46.1	3.1	6.4
Pennsylvania	1.6	4.5	5.7	14.0	3.0	7.6
East North Central	1.8	4.6	6.3	12.6	4.0	8.2
Illinois	1.7	6.0	4.8	18.3	2.7	20.9
Indiana	1.9	5.7	10.8	111.2	1.2	4.7
Michigan	1.8	3.8	8.6	14.7	5.9	8.9
Ohio	1.7	3.8	5.4	6.4	4.1	5.7
Wisconsin	1.9	4.9	4.2	11.0	4.6	5.2
West North Central	2.0	5.1	9.6	22.8	5.1	8.6
Iowa	2.0	5.6	14.8	18.8	21.9	12.1
Kansas	2.2	6.1	6.0	270.8	15.6	19.0
Minnesota	1.7	5.0	13.9	12.1	.3	1.6
Missouri	2.3	5.1	9.4	48.9	6.9	4.5
Nebraska	2.0	3.8	6.0	13.6	9.1	15.0
North Dakota	2.1	4.0	18.8	22.5	4.9	11.0
South Dakota	2.2	5.7	2.1	76.0	7.3	7.3

South Atlantic	2.0	3.8	8.8	15.0	4.4	7.2
Delaware	1.3	3.5	10.1	13.3	2.7	4.5
Dist of Columbia	1.3	6.2	9.5	11.7	6.6	28.5
Florida	1.9	4.8	6.8	19.2	9.3	11.2
Georgia	2.3	1.8	5.6	7.0	2.8	2.9
Maryland	1.6	6.9	10.2	7.8	4.1	5.7
North Carolina	2.0	4.7	11.1	65.9	3.6	7.0
South Carolina	2.2	4.2	14.3	35.2	3.9	7.0
Virginia	2.1	3.8	4.0	15.4	6.1	9.8
West Virginia	2.3	4.1	2.4	6.3	-	-
East South Central	2.5	3.8	6.8	11.6	2.3	5.7
Alabama	2.4	3.4	4.7	12.7	9.4	12.5
Kentucky	2.2	5.1	7.7	10.5	3.0	15.7
Mississippi	2.7	3.0	-	-	1.9	4.6
Tennessee	2.6	4.0	6.8	13.7	.7	1.2
West South Central	2.5	3.8	6.0	10.3	4.4	6.2
Arkansas	2.8	3.2	2.9	49.6	7.4	11.1
Louisiana	2.6	4.5	13.6	17.2	2.7	6.0
Oklahoma	2.3	4.1	12.1	27.4	-	-
Texas	2.4	3.6	3.9	4.2	4.6	6.0
Mountain	1.7	5.3	6.0	34.5	1.0	3.5
Arizona	1.5	5.9	5.5	31.6	.2	.7
Colorado	1.6	6.2	5.0	76.8	3.3	22.9
Idaho	1.8	2.8	-	-	-	-
Montana	1.8	5.6	-	-	6.0	30.0
Nevada	1.7	4.3	5.5	8.9	-	-
New Mexico	2.0	5.1	4.8	13.1	3.2	7.6
Utah	1.6	4.8	12.4	17.8	3.7	8.7
Wyoming	2.2	8.0	22.8	45.6	-	-
Pacific	1.6	5.2	4.1	7.4	3.2	7.8
Alaska	1.6	9.8	4.9	8.3	-	-
California	1.7	5.3	2.6	5.5	3.3	9.8
Hawaii	1.3	3.3	3.4	3.0	1.8	1.5
Oregon	1.4	5.5	10.1	166.7	-	-
Washington	1.4	4.2	8.7	6.5	-	-
Other Outlying Areas	2.2	2.2	86.2	172.5	12.2	12.2
Puerto Rico	2.2	2.2	86.2	172.5	12.2	12.2
Virgin Islands	2.3	2.9	-	-	-	-
Other	-	-	-	-	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider of Services master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 9. Number of Skilled Nursing Facilities, Beds, and Beds per 1,000 Enrolled Population, by Type of Facility, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division, and State	All Facilities			Skilled Nursing Facility		Skilled Nursing Facility / Intermediate Care Facility		Distinct Part of Skilled Nursing Facility		Unit of Hospital		Other	
	Number	Beds	Beds per 1,000 Enrolled Population	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
All Areas	5,213	446,473	16	3,251	298,362	1,223	106,468	382	22,461	305	15,659	52	3,523
United States	5,207	446,237	17	3,250	298,332	1,223	106,468	382	22,461	300	15,453	52	3,523
Northeast	1,379	147,872	23	1,113	124,029	135	15,055	33	2,732	87	5,324	11	732
North Central	1,288	90,749	13	382	27,441	604	48,237	226	11,873	62	2,641	14	557
South	1,101	82,595	9	628	41,658	338	33,441	60	3,461	55	2,235	20	1,800
West	1,439	125,021	28	1,127	105,204	146	9,735	63	4,395	96	5,253	7	434
New England	418	29,040	18	353	25,968	24	867	18	1,073	19	971	4	161
Connecticut	180	18,164	48	170	17,403	-	-	7	642	1	30	2	89
Maine	17	478	3	10	324	-	-	2	87	5	67	-	-
Massachusetts	125	7,044	9	107	5,901	7	286	3	117	8	740	-	-
New Hampshire	24	803	7	16	566	-	-	3	100	3	65	2	72
Rhode Island	53	1,846	14	40	1,436	10	302	2	79	1	29	-	-
Vermont	19	705	11	10	338	7	279	1	48	1	40	-	-
Middle Atlantic	961	118,832	25	760	98,061	111	14,188	15	1,659	68	4,353	7	571
New Jersey	124	15,351	17	10	909	111	14,188	1	81	-	-	2	173
New York	523	68,090	30	474	64,531	-	-	2	312	47	3,247	-	-
Pennsylvania	314	35,391	22	276	32,621	-	-	12	1,266	21	1,106	5	398
East North Central	993	72,841	15	276	20,970	519	41,140	165	8,879	25	1,515	8	337
Illinois	234	9,389	7	76	4,404	140	4,229	15	500	3	256	-	-
Indiana	124	6,632	11	6	229	-	-	112	6,166	4	179	2	58
Michigan	283	21,632	22	106	8,403	139	11,302	25	1,115	9	565	4	247
Ohio	264	25,462	20	63	5,725	179	18,136	12	1,071	9	515	1	15
Wisconsin	88	9,726	16	25	2,209	61	7,473	1	27	-	-	1	17

West North Central	295	17,908	8	106	6,471	85	7,097	61	2,994	37	1,126	6	220
Iowa	29	788	2	3	146	2	27	17	473	6	110	1	32
Kansas	30	1,907	6	9	835	4	418	10	465	5	54	2	135
Minnesota	93	4,444	9	78	3,854	2	126	1	20	10	403	2	41
Missouri	58	4,711	7	13	1,432	18	1,971	18	1,020	8	276	1	12
Nebraska	21	1,507	7	2	97	7	677	9	595	3	138	-	-
North Dakota	55	3,888	46	-	-	45	3,349	6	421	4	118	-	-
South Dakota	9	663	7	1	107	7	529	-	-	1	27	-	-
South Atlantic	691	57,686	13	283	20,703	312	31,623	50	2,843	34	1,623	12	894
Delaware	14	957	15	8	629	1	100	4	161	-	-	1	67
Dist of Columbia	6	419	6	2	92	2	225	2	102	-	-	-	-
Florida	196	21,265	13	46	4,627	143	16,229	3	260	3	98	1	51
Georgia	73	6,593	12	22	1,276	49	5,239	-	-	2	78	-	-
Maryland	84	8,701	22	59	6,130	6	945	17	1,415	2	211	-	-
North Carolina	138	7,968	12	99	5,686	2	154	12	564	16	814	9	750
South Carolina	90	6,845	22	9	605	81	6,240	-	-	-	-	-	-
Virginia	52	1,879	4	33	1,247	-	-	12	341	6	265	1	26
West Virginia	38	3,059	11	5	411	28	2,491	-	-	5	157	-	-
East South Central	347	20,224	11	292	17,139	26	1,818	10	618	13	323	6	326
Alabama	183	12,212	26	175	11,679	4	286	2	123	1	34	1	90
Kentucky	96	4,351	10	76	3,467	3	120	4	349	8	179	5	236
Mississippi	15	736	2	5	165	7	515	-	-	3	56	-	-
Tennessee	53	2,925	5	36	1,828	12	897	4	146	1	54	-	-
West South Central	63	4,685	2	53	3,816	-	-	-	-	8	289	2	580
Arkansas	3	201	1	3	201	-	-	-	-	-	-	-	-
Louisiana	15	1,883	4	11	1,186	-	-	-	-	3	133	1	564
Oklahoma	7	351	1	4	245	-	-	-	-	3	106	-	-
Texas	38	2,250	2	35	2,184	-	-	-	-	2	50	1	16
Mountain	270	17,295	16	78	5,387	134	9,089	37	2,148	20	615	1	56
Arizona	24	832	3	8	371	-	-	13	378	3	83	-	-
Colorado	75	6,027	23	8	264	52	4,855	9	767	5	85	1	56
Idaho	45	3,309	33	39	2,897	3	289	-	-	3	123	-	-
Montana	71	3,161	35	-	-	60	2,707	8	378	3	76	-	-
Nevada	23	1,796	27	20	1,665	-	-	1	99	2	32	-	-
New Mexico	4	223	2	3	190	-	-	-	-	1	33	-	-
Utah	26	1,678	15	-	-	18	1,068	5	427	3	183	-	-
Wyoming	2	269	7	-	-	1	170	1	99	-	-	-	-

Table 9. Number of Skilled Nursing Facilities, Beds, and Beds per 1,000 Enrolled Population, by Type of Facility, Region, Division, and State
Con.

(See NOTES preceding General Tables)

Region, Division, and State	All Facilities			Skilled Nursing Facility		Skilled Nursing Facility / Intermediate Care Facility		Distinct Part of Skilled Nursing Facility		Unit of Hospital		Other	
	Number	Beds	Beds per 1,000 Enrolled Population	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
Pacific	1,169	107,726	32	1,049	99,817	12	646	26	2,247	76	4,638	6	378
Alaska	5	213	18	3	193	-	-	-	-	2	20	-	-
California	989	91,736	36	914	86,127	1	78	13	1,157	55	3,996	6	378
Hawaii	26	1,709	23	15	1,339	1	8	-	-	10	362	-	-
Oregon	57	3,541	11	37	2,596	9	487	6	324	5	134	-	-
Washington	92	10,527	23	80	9,562	1	73	7	766	4	126	-	-
Other Outlying Areas	6	236	1	1	30	-	-	-	-	5	206	-	-
Puerto Rico	5	220	1	1	30	-	-	-	-	4	190	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	1	16	3	-	-	-	-	-	-	1	16	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 10. Number of Skilled Nursing Facilities and Beds, by Type of Facility and Bed Size, Region, and Division

(See NOTES preceding General Tables)

Region, Division and Bed Size	All Facilities		Skilled Nursing Facility		Skilled Nursing Facility / Intermediate Care Facility		Distinct Part of Skilled Nursing Facility		Unit of Hospital		Other	
	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
All Areas	5,213	446,473	3,251	298,362	1,223	106,468	382	22,461	305	15,659	52	3,523
Less than 25 beds	534	8,759	225	3,799	139	2,212	68	1,225	91	1,372	11	151
25 to 49 beds	1,148	42,579	642	24,136	242	8,894	123	4,508	124	4,433	17	608
50 to 74 beds	1,040	61,676	667	39,670	221	13,045	98	5,763	43	2,524	11	674
75 to 99 beds	891	79,432	677	60,709	150	13,112	36	3,184	23	1,995	5	432
100 to 149 beds	948	111,586	582	69,528	307	35,147	42	4,889	13	1,557	4	465
150 to 199 beds	362	61,456	252	42,631	92	15,765	11	1,853	5	855	2	352
200 beds or more	290	80,985	206	57,889	72	18,293	4	1,039	6	2,923	2	841
United States	5,207	446,237	3,250	298,332	1,223	106,468	382	22,461	300	15,453	52	3,523
Less than 25 beds	532	8,719	225	3,799	139	2,212	68	1,225	89	1,332	11	151
25 to 49 beds	1,146	42,509	641	24,106	242	8,894	123	4,508	123	4,393	17	608
50 to 74 beds	1,038	61,550	667	39,670	221	13,045	98	5,763	41	2,398	11	674
75 to 99 beds	891	79,432	677	60,709	150	13,112	36	3,184	23	1,995	5	432
100 to 149 beds	948	111,586	582	69,528	307	35,147	42	4,889	13	1,557	4	465
150 to 199 beds	362	61,456	252	42,631	92	15,765	11	1,853	5	855	2	352
200 beds or more	290	80,985	206	57,889	72	18,293	4	1,039	6	2,923	2	841
Region:												
Northeast	1,379	147,872	1,113	124,029	135	15,055	33	2,732	87	5,324	11	732
Less than 25 beds	67	1,199	44	804	4	85	3	52	13	215	3	43
25 to 49 beds	312	11,639	230	8,659	23	845	13	459	44	1,612	2	64
50 to 74 beds	195	11,713	163	9,770	12	720	7	417	10	623	3	183
75 to 99 beds	206	17,472	179	15,163	14	1,224	2	180	10	815	1	90
100 to 149 beds	309	36,551	244	29,081	57	6,543	2	244	6	683	-	-
150 to 199 beds	135	23,066	118	20,099	11	1,893	3	562	1	160	2	352
200 beds or more	155	46,232	135	40,453	14	3,745	3	818	3	1,216	-	-

Table 10. Number of Skilled Nursing Facilities and Beds, by Type of Facility and Bed Size, Region, and Division
Con.

(See NOTES preceding General Tables)

Region, Division and Bed Size	All Facilities		Skilled Nursing Facility		Skilled Nursing Facility / Intermediate Care Facility		Distinct Part of Skilled Nursing Facility		Unit of Hospital		Other	
	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
Region:												
Northeast	1,379	147,872	1,113	124,029	135	15,055	33	2,732	87	5,324	11	732
Less than 25 beds	67	1,199	44	804	4	85	3	52	13	215	3	43
25 to 49 beds	312	11,639	230	8,659	23	845	13	459	44	1,612	2	64
50 to 74 beds	195	11,713	163	9,770	12	720	7	417	10	623	3	183
75 to 99 beds	206	17,472	179	15,163	14	1,224	2	180	10	815	1	90
100 to 149 beds	309	36,551	244	29,081	57	6,543	2	244	6	683	-	-
150 to 199 beds	135	23,066	118	20,099	11	1,893	3	562	1	160	2	352
200 beds or more	155	46,232	135	40,453	14	3,745	3	818	3	1,216	-	-
North Central	1,288	90,749	382	27,441	604	48,237	226	11,873	62	2,641	14	557
Less than 25 beds	263	4,230	84	1,377	99	1,504	45	833	29	439	6	77
25 to 49 beds	313	11,139	84	2,887	130	4,618	78	2,891	17	603	4	140
50 to 74 beds	255	14,846	73	4,230	114	6,627	59	3,472	8	459	1	58
75 to 99 beds	114	9,934	30	2,578	59	5,190	20	1,725	3	275	2	166
100 to 149 beds	219	24,830	73	8,379	122	13,619	21	2,462	2	254	1	116
150 to 199 beds	69	11,653	21	3,410	43	7,384	3	490	2	369	-	-
200 beds or more	55	14,117	17	4,580	37	9,295	-	-	1	242	-	-
South	1,101	82,595	628	41,658	338	33,441	60	3,461	55	2,235	20	1,800
Less than 25 beds	109	1,820	74	1,224	9	169	11	180	13	216	2	31
25 to 49 beds	270	10,031	166	6,107	50	2,014	16	584	30	1,044	8	282
50 to 74 beds	294	17,241	194	11,312	68	4,077	21	1,204	7	401	4	247
75 to 99 beds	144	12,534	79	6,867	58	5,065	2	165	3	261	2	176
100 to 149 beds	193	22,661	79	9,284	104	12,187	7	830	1	137	2	223
150 to 199 beds	58	9,832	24	4,033	30	5,125	3	498	1	176	-	-
200 beds or more	33	8,476	12	2,831	19	4,804	-	-	-	-	2	841

West	1,439	125,021	1,127	105,204	146	9,735	63	4,395	96	5,253	7	434
Less than 25 beds	93	1,470	23	394	27	454	9	160	34	462	-	-
25 to 49 beds	251	9,700	161	6,453	39	1,417	16	574	32	1,134	3	122
50 to 74 beds	294	17,750	237	14,358	27	1,621	11	670	16	915	3	186
75 to 99 beds	427	39,492	389	36,101	19	1,633	12	1,114	7	644	-	-
100 to 149 beds	227	27,544	186	22,784	24	2,798	12	1,353	4	483	1	126
150 to 199 beds	100	16,905	89	15,089	8	1,363	2	303	1	150	-	-
200 beds or more	47	12,160	42	10,025	2	449	1	221	2	1,465	-	-
Division:												
Northeast:												
New England	418	29,040	353	25,968	24	867	18	1,073	19	971	4	161
Less than 25 beds	44	764	30	523	4	85	2	40	7	106	1	10
25 to 49 beds	169	6,203	133	4,916	17	618	10	361	8	278	1	30
50 to 74 beds	69	4,077	59	3,480	3	164	5	312	-	-	2	121
75 to 99 beds	43	3,768	41	3,592	-	-	-	-	2	176	-	-
100 to 149 beds	56	6,733	55	6,613	-	-	-	-	1	120	-	-
150 to 199 beds	26	4,421	26	4,421	-	-	-	-	-	-	-	-
200 beds or more	11	3,074	9	2,423	-	-	1	360	1	291	-	-
Middle Atlantic	961	118,832	760	98,061	111	14,188	15	1,659	68	4,353	7	571
Less than 25 beds	23	435	14	281	-	-	1	12	6	109	2	33
25 to 49 beds	143	5,436	97	3,743	6	227	3	98	36	1,334	1	34
50 to 74 beds	126	7,636	104	6,290	9	556	2	105	10	623	1	62
75 to 99 beds	163	13,704	138	11,571	14	1,224	2	180	8	639	1	90
100 to 149 beds	253	29,818	189	22,468	57	6,543	2	244	5	563	-	-
150 to 199 beds	109	18,645	92	15,678	11	1,893	3	562	1	160	2	352
200 beds or more	144	43,158	126	38,030	14	3,745	2	458	2	925	-	-
North Central:												
East North Central	993	72,841	276	20,970	519	41,140	165	8,879	25	1,515	8	337
Less than 25 beds	189	3,072	58	954	92	1,396	27	513	8	145	4	64
25 to 49 beds	236	8,432	50	1,713	116	4,070	61	2,307	7	274	2	68
50 to 74 beds	200	11,451	64	3,686	88	5,007	43	2,485	5	273	-	-
75 to 99 beds	88	7,707	22	1,899	46	4,066	18	1,557	1	96	1	89
100 to 149 beds	171	19,362	50	5,797	106	11,806	13	1,527	1	116	1	116
150 to 199 beds	59	9,966	16	2,581	38	6,526	3	490	2	369	-	-
200 beds or more	50	12,851	16	4,340	33	8,269	-	-	1	242	-	-

Table 10. Number of Skilled Nursing Facilities and Beds, by Type of Facility and Bed Size, Region, and Division---con. Con.

(See NOTES preceding General Tables)

Region, Division and Bed Size	All Facilities		Skilled Nursing Facility		Skilled Nursing Facility / Intermediate Care Facility		Distinct Part of Skilled Nursing Facility		Unit of Hospital		Other	
	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
West North Central	295	17,908	106	6,471	85	7,097	61	2,994	37	1,126	6	220
Less than 25 beds	74	1,158	26	423	7	108	18	320	21	294	2	13
25 to 49 beds	77	2,707	34	1,174	14	548	17	584	10	329	2	72
50 to 74 beds	55	3,395	9	544	26	1,620	16	987	3	186	1	58
75 to 99 beds	26	2,227	8	679	13	1,124	2	168	2	179	1	77
100 to 149 beds	48	5,468	23	2,582	16	1,813	8	935	1	138	-	-
150 to 199 beds	10	1,687	5	829	5	858	-	-	-	-	-	-
200 beds or more	5	1,266	1	240	4	1,026	-	-	-	-	-	-
South:												
South Atlantic	691	57,686	283	20,703	312	31,623	50	2,843	34	1,623	12	894
Less than 25 beds	67	1,126	45	723	7	136	10	164	5	103	-	-
25 to 49 beds	131	4,920	50	1,810	42	1,713	14	515	20	707	5	175
50 to 74 beds	169	9,912	86	4,989	60	3,598	15	839	4	239	4	247
75 to 99 beds	95	8,313	33	2,898	56	4,903	2	165	3	261	1	86
100 to 149 beds	152	17,887	42	4,951	101	11,860	7	830	1	137	1	109
150 to 199 beds	46	7,818	16	2,703	27	4,609	2	330	1	176	-	-
200 beds or more	31	7,710	11	2,629	19	4,804	-	-	-	-	1	277
East South Central	347	20,224	292	17,139	26	1,818	10	618	13	323	6	326
Less than 25 beds	36	608	26	465	2	33	1	16	6	79	1	15
25 to 49 beds	122	4,511	103	3,844	8	301	2	69	6	190	3	107
50 to 74 beds	106	6,214	91	5,316	8	479	6	365	1	54	-	-
75 to 99 beds	42	3,640	39	3,388	2	162	-	-	-	-	1	90
100 to 149 beds	33	3,874	29	3,433	3	327	-	-	-	-	1	114
150 to 199 beds	7	1,175	3	491	3	516	1	168	-	-	-	-
200 beds or more	1	202	1	202	-	-	-	-	-	-	-	-

West South Central	63	4,685	53	3,816	-	-	-	-	8	289	2	580
Less than 25 beds	6	86	3	36	-	-	-	-	2	34	1	16
25 to 49 beds	17	600	13	453	-	-	-	-	4	147	-	-
50 to 74 beds	19	1,115	17	1,007	-	-	-	-	2	108	-	-
75 to 99 beds	7	581	7	581	-	-	-	-	-	-	-	-
100 to 149 beds	8	900	8	900	-	-	-	-	-	-	-	-
150 to 199 beds	5	839	5	839	-	-	-	-	-	-	-	-
200 beds or more	1	564	-	-	-	-	-	-	-	-	1	564
West:												
Mountain	270	17,295	78	5,387	134	9,089	37	2,148	20	615	1	56
Less than 25 beds	53	857	10	176	24	407	8	136	11	138	-	-
25 to 49 beds	74	2,681	18	664	37	1,351	12	418	7	248	-	-
50 to 74 beds	45	2,667	17	1,017	23	1,364	4	230	-	-	1	56
75 to 99 beds	42	3,692	19	1,688	17	1,477	5	448	1	79	-	-
100 to 149 beds	40	4,583	10	1,141	23	2,678	7	764	-	-	-	-
150 to 199 beds	14	2,366	4	701	8	1,363	1	152	1	150	-	-
200 beds or more	2	449	-	-	2	449	-	-	-	-	-	-
Pacific	1,169	107,726	1,049	99,817	12	646	26	2,247	76	4,638	6	378
Less than 25 beds	40	613	13	218	3	47	1	24	23	324	-	-
25 to 49 beds	177	7,019	143	5,789	2	66	4	156	25	886	3	122
50 to 74 beds	249	15,083	220	13,341	4	257	7	440	16	915	2	130
75 to 99 beds	385	35,800	370	34,413	2	156	7	666	6	565	-	-
100 to 149 beds	187	22,961	176	21,643	1	120	5	589	4	483	1	126
150 to 199 beds	86	14,539	85	14,388	-	-	1	151	-	-	-	-
200 beds or more	45	11,711	42	10,025	-	-	1	221	2	1,465	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 11. Number of Skilled Nursing Facilities by Selected Services Provided, Type of Control, and Bed Size

(See NOTES preceding General Tables)

Type of Control and Services	All Facilities	Percent of Total	Bed Size						
			Less than 25 Beds	25 to 49 Beds	50 to 74 Beds	75 to 99 Beds	100 to 149 Beds	150 to 199 Beds	200 Beds or more
All Facilities									
Total	5,213	100.0	533	1,148	1,040	892	948	362	290
Number Reporting:									
Nursing Care	5,213	100.0	533	1,148	1,040	892	948	362	290
Physical Therapy	4,990	95.7	501	1,074	978	864	930	354	289
Occupational Therapy	2,986	57.3	294	637	536	534	535	227	223
Speech Pathology	4,068	78.0	388	823	741	720	804	321	271
Social Services	4,844	92.9	491	1,093	961	824	859	334	282
Pharmacy	5,115	98.1	518	1,122	1,018	882	934	357	284
Clinical Laboratory	5,062	97.1	509	1,112	1,010	873	921	357	280
Diagnostic X-Ray	4,947	94.9	496	1,087	985	853	900	348	278
Voluntary Facilities									
Total	1,132	100.0	161	323	211	145	148	62	82
Number Reporting:									
Nursing Care	1,132	100.0	161	323	211	145	148	62	82
Physical Therapy	1,089	96.2	148	307	205	140	146	61	82
Occupational Therapy	681	60.2	95	172	118	89	90	48	69
Speech Pathology	884	78.1	117	233	159	116	124	57	78
Social Services	1,078	95.2	145	312	200	138	142	60	81
Pharmacy	1,105	97.6	149	319	209	144	142	61	81
Clinical Laboratory	1,095	96.7	149	316	209	142	140	60	79
Diagnostic X-Ray	1,072	94.7	142	314	203	139	137	59	79

Proprietary Facilities									
Total	3,532	100.0	281	684	731	686	741	260	149
Number Reporting:									
Nursing Care	3,532	100.0	281	684	731	686	741	260	149
Physical Therapy	3,398	96.2	269	646	688	665	726	255	149
Occupational Therapy	2,031	57.5	163	418	366	413	411	152	108
Speech Pathology	2,846	80.6	230	525	523	560	635	232	141
Social Services	3,251	92.0	266	647	668	627	661	237	145
Pharmacy	3,468	98.2	278	663	712	677	734	258	146
Clinical Laboratory	3,445	97.5	273	660	712	672	724	259	145
Diagnostic X-Ray	3,363	95.2	267	641	692	658	708	252	145
State and Local Facilities									
Total	549	100.0	91	141	98	61	59	40	59
Number Reporting:									
Nursing Care	549	100.0	91	141	98	61	59	40	59
Physical Therapy	503	91.6	84	121	85	59	58	38	58
Occupational Therapy	274	49.9	36	47	52	32	34	27	46
Speech Pathology	338	61.6	41	65	59	44	45	32	52
Social Services	515	93.8	80	134	93	59	56	37	56
Pharmacy	542	98.7	91	140	97	61	58	38	57
Clinical Laboratory	522	95.1	87	136	89	59	57	38	56
Diagnostic X-Ray	512	93.3	87	132	90	56	55	37	55

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 12. Number of Skilled Nursing Facilities and Services Provided, by Region, Division and State

(See NOTES preceding General Tables)

Region, Division and State	All Facilities	Nursing Care	Physical Care	Occupational Therapy	Speech Pathology	Social Services	Pharmacy	Clinical Laboratory	Diagnostic X-Ray
All Areas	5,213	5,213	4,990	2,986	4,068	4,844	5,115	5,062	4,947
United States	5,207	5,207	4,984	2,983	4,065	4,839	5,109	5,056	4,941
Northeast	1,379	1,379	1,370	891	1,281	1,355	1,359	1,347	1,321
North Central	1,287	1,287	1,244	787	1,051	1,219	1,263	1,238	1,211
South	1,101	1,101	970	321	614	1,024	1,059	1,053	1,009
West	1,440	1,440	1,400	984	1,119	1,241	1,428	1,418	1,400
New England	418	418	417	239	394	407	413	413	409
Connecticut	180	180	180	46	174	171	178	179	175
Maine	17	17	17	10	16	17	17	17	17
Massachusetts	125	125	125	124	120	124	123	123	123
New Hampshire	24	24	24	23	24	24	23	23	23
Rhode Island	53	53	52	28	46	52	53	52	52
Vermont	19	19	19	8	14	19	19	19	19
Middle Atlantic	961	961	953	652	887	948	946	934	912
New Jersey	124	124	122	62	118	122	123	123	122
New York	523	523	520	435	493	521	509	500	487
Pennsylvania	314	314	311	155	276	305	314	311	303
East North Central	992	992	968	594	830	936	977	960	941
Illinois	234	234	228	195	219	228	231	225	216
Indiana	123	123	121	51	97	120	123	123	123
Michigan	283	283	273	174	225	265	277	271	266
Ohio	264	264	260	94	208	237	263	259	256
Wisconsin	88	88	86	80	81	86	83	82	80
West North Central	295	295	276	193	221	283	286	278	270
Iowa	29	29	29	23	26	28	28	26	25
Kansas	30	30	30	25	26	27	28	27	24
Minnesota	93	93	91	64	68	89	89	86	86
Missouri	58	58	56	50	55	56	56	56	54
Nebraska	21	21	21	20	21	19	21	21	21
North Dakota	55	55	42	9	20	55	55	53	51
South Dakota	9	9	7	2	5	9	9	9	9

South Atlantic	691	691	649	243	447	633	682	670	633
Delaware	14	14	14	7	9	10	14	14	12
Dist. of Columbia	6	6	6	6	6	6	6	6	6
Florida	196	196	192	91	166	148	194	191	191
Georgia	73	73	70	22	44	73	72	72	71
Maryland	84	84	82	46	74	84	83	82	77
North Carolina	138	138	125	25	49	137	136	131	114
South Carolina	90	90	74	12	40	90	89	87	82
Virginia	52	52	52	27	43	52	51	52	49
West Virginia	38	38	34	7	16	33	37	35	31
East South Central	347	347	262	52	128	335	341	323	315
Alabama	183	183	114	18	36	171	181	168	164
Kentucky	96	96	84	6	40	96	96	96	93
Mississippi	15	15	12	2	3	15	15	15	15
Tennessee	53	53	52	26	49	53	49	44	43
West South Central	63	63	59	26	39	56	36	60	61
Arkansas	3	3	3	2	2	3	3	3	3
Louisiana	15	15	15	5	9	11	15	15	15
Oklahoma	7	7	7	4	7	7	7	7	7
Texas	38	38	34	15	21	35	11	35	36
Mountain	270	270	253	152	179	239	269	263	259
Arizona	24	24	24	19	21	23	24	24	24
Colorado	75	75	75	68	71	74	75	75	73
Idaho	45	45	42	10	20	31	44	41	40
Montana	71	71	62	19	30	57	71	68	68
Nevada	23	23	19	15	13	22	23	23	23
New Mexico	4	4	4	2	3	4	4	4	4
Utah	26	26	25	17	19	26	26	26	25
Wyoming	2	2	2	2	2	2	2	2	2
Pacific	1,170	1,170	1,147	832	940	1,002	1,159	1,155	1,141
Alaska	5	5	5	5	2	4	5	5	5
California	990	990	970	686	788	839	983	980	971
Hawaii	26	26	25	24	17	25	26	26	26
Oregon	57	57	56	42	50	55	55	54	48
Washington	92	92	91	75	83	79	90	90	91
Other Outlying Areas	6	6	6	3	3	5	6	6	6
Puerto Rico	5	5	5	2	2	4	5	5	5
Virgin Islands	-	-	-	-	-	-	-	-	-
Other	1	1	1	1	1	1	1	1	1

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 13. Number of Skilled Nursing Facilities, Beds, and Professional and Technical Employees by Job Category, by Region, Division, and State

(See NOTES preceding General Tables)

Region, Division and State	All Facilities		Professional and Technical Employees						
	Number	Beds	Registered Professional Nurses	Licensed Practical Nurses	Physical Therapists	Occupational Therapists	Speech Pathologists	Registered Pharmacists	Qualified Social Workers
All Areas	5,213	446,473	34,806	33,609	2,707	1,071	630	1,386	2,317
United States	5,207	446,237	34,757	33,569	2,700	1,069	628	1,380	2,312
Northeast	1,379	147,872	15,114	11,878	1,006	398	271	577	1,051
North Central	1,288	90,749	7,528	6,801	738	311	167	293	570
South	1,101	82,595	5,363	7,268	506	148	124	340	461
West	1,439	125,021	6,752	7,622	450	212	66	170	230
New England	418	29,040	4,344	2,614	399	119	133	153	333
Connecticut	180	18,164	1,840	1,102	153	18	54	59	130
Maine	17	478	569	363	63	27	30	34	34
Massachusetts	125	7,044	1,237	728	123	46	31	31	123
New Hampshire	24	803	185	71	26	17	8	13	18
Rhode Island	53	1,846	390	270	19	9	9	13	20
Vermont	19	705	123	80	15	2	1	3	8
Middle Atlantic	961	118,832	10,770	9,264	607	279	138	424	718
New Jersey	124	15,351	1,228	691	66	30	18	20	92
New York	523	68,090	6,912	6,694	452	213	94	349	550
Pennsylvania	314	35,391	2,630	1,879	89	36	26	55	76
East North Central	992	72,841	5,934	5,440	403	215	115	198	391
Illinois	234	9,389	1,517	1,068	83	61	28	40	65
Indiana	123	6,632	523	377	34	22	11	4	14
Michigan	283	21,632	1,695	1,905	142	67	39	97	151
Ohio	264	25,462	1,667	1,614	107	28	20	38	92
Wisconsin	88	9,726	532	476	37	37	17	19	69
West North Central	295	17,908	1,594	1,361	335	96	52	95	179
Iowa	29	788	125	67	18	9	8	7	13
Kansas	30	1,907	104	118	14	5	4	7	10
Minnesota	93	4,444	676	534	46	36	7	23	58
Missouri	58	4,711	279	305	222	28	17	37	49
Nebraska	21	1,507	131	105	25	16	15	17	17
North Dakota	55	3,888	244	206	6	2	1	4	29
South Dakota	9	663	35	26	4	-	-	-	3

South Atlantic	691	57,686	3,988	4,280	370	97	99	228	351
Delaware	14	957	76	57	6	1	-	3	-
Dist. of Columbia	6	419	40	51	5	3	-	2	5
Florida	196	21,265	971	919	52	14	12	22	31
Georgia	73	6,593	337	659	85	21	38	73	69
Maryland	84	8,701	718	550	57	18	11	25	61
North Carolina	138	7,968	763	760	77	12	12	52	84
South Carolina	90	6,845	575	665	37	8	14	19	35
Virginia	52	1,879	301	348	36	18	11	1	38
West Virginia	38	3,059	207	271	15	2	1	13	28
East South Central	347	20,224	1,083	2,472	96	29	16	96	94
Alabama	183	12,212	517	1,671	16	2	2	23	26
Kentucky	96	4,351	331	439	22	14	2	40	19
Mississippi	15	736	34	70	29	1	-	13	8
Tennessee	53	2,925	201	292	29	12	12	20	41
West South Central	63	4,685	292	516	40	22	9	16	16
Arkansas	3	201	23	35	1	-	-	-	-
Louisiana	15	1,883	82	180	6	4	1	8	5
Oklahoma	7	351	37	33	18	9	4	1	5
Texas	38	2,250	150	268	15	9	4	7	6
Mountain	270	17,295	1,425	1,209	80	27	7	45	65
Arizona	24	832	119	83	18	9	3	13	16
Colorado	75	6,027	474	348	19	10	-	3	23
Idaho	45	3,309	169	194	12	2	2	9	8
Montana	71	3,161	306	277	21	3	1	10	3
Nevada	23	1,796	179	108	3	1	-	4	7
New Mexico	4	223	29	16	2	-	-	2	2
Utah	26	1,678	131	155	4	1	1	4	6
Wyoming	2	269	18	28	1	1	-	-	-
Pacific	1,169	107,726	5,327	6,413	370	185	59	125	165
Alaska	5	213	35	22	3	3	-	1	2
California	989	91,736	4,274	5,681	258	109	39	73	108
Hawaii	26	1,709	231	173	28	23	2	20	19
Oregon	57	3,541	301	197	42	35	8	14	18
Washington	92	10,527	486	340	39	15	10	17	18
Other Outlying Areas	6	236	49	40	7	2	2	6	5
Puerto Rico	5	220	46	37	6	2	1	5	4
Virgin Islands	-	-	-	-	-	-	-	-	-
Other	1	16	3	3	1	-	1	1	1

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 14. Number of Home Health Agencies by Type of Agency, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division and State	All Home Health Agencies	Visiting Nurse Association	Combined Government and Voluntary Agency	Government Agency	Hospital-Based Agency	Proprietary	Private Non-profit	All Other
All Areas	3,002	529	65	1,300	368	197	482	61
United States	2,973	528	65	1,298	363	197	461	61
Northeast	622	311	9	139	104	1	41	17
North Central	815	108	26	453	104	23	86	15
South	1,168	62	25	595	83	103	282	18
West	368	47	5	111	72	70	52	11
New England	333	218	3	59	25	-	20	8
Connecticut	87	62	-	18	4	-	1	2
Maine	18	4	-	2	1	-	9	2
Massachusetts	150	94	1	31	17	-	5	2
New Hampshire	43	35	1	4	-	-	3	-
Rhode Island	14	9	-	-	3	-	1	1
Vermont	21	14	1	4	-	-	1	1
Middle Atlantic	289	93	6	80	79	1	21	9
New Jersey	46	20	1	15	8	1	1	-
New York	122	15	4	57	42	-	1	3
Pennsylvania	121	58	1	8	29	-	19	6
East North Central	450	88	9	206	52	23	63	9
Illinois	134	26	-	42	21	6	37	2
Indiana	49	16	-	11	5	10	4	3
Michigan	64	11	1	33	5	-	14	-
Ohio	113	22	7	61	16	-	7	-
Wisconsin	90	13	1	59	5	7	1	4
West North Central	365	20	17	247	52	-	23	6
Iowa	105	11	4	87	2	-	1	-
Kansas	62	2	9	35	9	-	6	1
Minnesota	84	1	1	66	8	-	5	3
Missouri	47	4	2	20	9	-	11	1
Nebraska	17	1	1	-	14	-	-	1
North Dakota	13	-	-	6	7	-	-	-
South Dakota	37	1	-	33	3	-	-	-

South Atlantic	428	40	7	165	32	43	132	9
Delaware	6	1	-	2	1	-	1	1
Dist. of Columbia	4	1	-	1	-	-	2	-
Florida	138	14	4	15	6	30	68	1
Georgia	65	14	1	10	6	-	34	-
Maryland	32	1	1	17	7	2	2	2
North Carolina	84	-	-	55	7	6	15	1
South Carolina	22	1	-	14	-	2	5	-
Virginia	47	4	-	36	3	3	-	1
West Virginia	30	4	1	15	2	-	5	3
East South Central	426	11	17	256	36	32	72	2
Alabama	89	2	-	61	3	1	22	-
Kentucky	53	1	1	25	15	4	6	1
Mississippi	132	5	-	83	16	-	27	1
Tennessee	152	3	16	87	2	27	17	-
West South Central	314	11	1	174	15	28	78	7
Arkansas	89	1	-	74	7	-	7	-
Louisiana	81	-	-	37	3	28	12	1
Oklahoma	61	2	1	51	2	-	4	1
Texas	83	8	-	12	3	-	55	5
Mountain	139	14	4	70	23	12	13	3
Arizona	14	2	-	6	3	1	2	-
Colorado	40	7	2	24	1	-	5	1
Idaho	15	-	-	5	4	6	-	-
Montana	16	-	1	6	5	-	3	1
Nevada	9	-	-	2	2	4	1	-
New Mexico	20	4	1	6	5	1	2	1
Utah	9	1	-	6	2	-	-	-
Wyoming	16	-	-	15	1	-	-	-
Pacific	229	33	1	41	49	58	39	8
Alaska	1	-	-	1	-	-	-	-
California	151	28	1	12	28	56	22	4
Hawaii	9	-	-	3	3	2	-	1
Oregon	33	1	-	15	12	-	4	1
Washington	35	4	-	10	6	-	13	2
Other Outlying Areas	29	1	-	2	5	-	21	-
Puerto Rico	27	1	-	-	5	-	21	-
Virgin Islands	1	-	-	1	-	-	-	-
Other	1	-	-	1	-	-	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 15. Number of Home Health Agencies, by Selected Services Provided, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division And State	All Home Health Agencies	Nursing Care	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide Services	Appliances and Equipment
All Areas	3,002	3,002	2,358	1,129	1,636	1,133	2,698	570
United States	2,973	2,973	2,334	1,119	1,631	1,111	2,673	545
Northeast	622	622	608	353	445	323	585	147
North Central	815	815	555	252	365	181	721	85
South	1,168	1,168	852	308	572	411	1,048	240
West	368	368	319	206	249	196	319	73
New England	333	333	329	205	228	164	313	59
Connecticut	87	87	87	57	75	50	85	2
Maine	18	18	18	11	12	9	13	2
Massachusetts	150	150	149	100	111	86	148	44
New Hampshire	43	43	41	18	9	2	35	2
Rhode Island	14	14	14	9	11	11	13	7
Vermont	21	21	20	10	10	6	19	2
Middle Atlantic	289	289	279	148	217	159	272	88
New Jersey	46	46	46	30	45	21	46	12
New York	122	122	118	61	82	69	118	70
Pennsylvania	121	121	115	57	90	69	108	6
East North Central	450	450	355	173	250	125	376	33
Illinois	134	134	112	58	79	63	101	17
Indiana	49	49	28	14	15	13	45	-
Michigan	64	64	55	28	52	22	53	-
Ohio	113	113	102	39	68	14	88	10
Wisconsin	90	90	58	34	36	13	89	6
West North Central	365	365	200	79	115	56	345	52
Iowa	105	105	32	7	16	2	104	-
Kansas	62	62	44	14	28	17	51	4
Minnesota	84	84	53	27	25	11	81	20
Missouri	47	47	41	19	24	17	45	14
Nebraska	17	17	17	6	14	6	14	10
North Dakota	13	13	7	4	6	3	13	4
South Dakota	37	37	6	2	2	-	37	-

South Atlantic	428	428	361	170	279	198	410	98
Delaware	6	6	4	3	3	5	5	2
Dist. of Columbia	4	4	3	1	3	4	4	1
Florida	138	138	128	91	121	99	134	47
Georgia	65	65	60	26	47	30	63	12
Maryland	32	32	29	11	19	20	31	14
North Carolina	84	84	66	8	31	10	77	9
South Carolina	22	22	15	12	16	14	21	5
Virginia	47	47	39	16	29	13	46	3
West Virginia	30	30	17	2	10	3	29	5
East South Central	426	426	292	98	163	95	406	104
Alabama	89	89	65	18	37	15	87	9
Kentucky	53	53	41	4	23	20	50	35
Mississippi	132	132	69	5	31	13	131	38
Tennessee	152	152	117	71	72	47	138	22
West South Central	314	314	199	40	130	118	232	38
Arkansas	89	89	61	4	38	35	44	2
Louisiana	81	81	42	7	20	32	74	17
Oklahoma	61	61	30	4	27	17	39	-
Texas	83	83	66	25	45	34	75	19
Mountain	139	139	107	54	76	55	117	27
Arizona	14	14	13	6	6	8	13	4
Colorado	40	40	31	21	27	19	30	1
Idaho	15	15	14	7	11	4	13	6
Montana	16	16	15	7	12	10	15	9
Nevada	9	9	7	4	5	3	9	1
New Mexico	20	20	15	6	7	8	16	3
Utah	9	9	8	3	5	3	8	3
Wyoming	16	16	4	-	3	-	13	-
Pacific	229	229	212	152	173	141	202	46
Alaska	1	1	1	1	1	-	1	-
California	151	151	138	109	121	106	144	24
Hawaii	9	9	7	3	4	6	8	4
Oregon	33	33	33	14	19	9	15	7
Washington	35	35	33	25	28	20	34	11
Other Outlying Areas	29	29	24	10	5	22	25	25
Puerto Rico	27	27	-	10	5	21	23	24
Virgin Islands	1	1	-	-	-	-	1	-
Other	1	1	24	-	-	1	1	1

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
All Areas	3,002	21,067	1,890	7.0	0.6
VNA	529	6,857	592	13.0	1.1
Combined Government and Voluntary Agency	65	538	42	8.3	0.6
Official Health Agency	1,300	7,518	483	5.8	0.4
Hospital Based Agency	368	1,605	137	4.4	0.4
Proprietary	197	903	197	4.6	1.0
Private Non-profit	482	3,323	375	6.9	0.8
All Other	61	323	64	5.3	1.1
United States	2,973	20,834	1,880	7.0	0.6
VNA	528	6,856	591	13.0	1.1
Combined Government and Voluntary Agency	65	538	42	8.3	0.6
Official Health Agency	1,298	7,510	482	5.8	0.4
Hospital Based Agency	363	1,551	132	4.3	0.4
Proprietary	197	903	197	4.6	1.0
Private Non-profit	461	3,153	372	6.8	0.8
All Other	61	323	64	5.3	1.1
Region:					
Northeast	622	6,985	338	11.2	0.5
VNA	311	3,958	264	12.7	0.8
Combined Government and Voluntary Agency	9	52	2	5.8	0.2
Official Health Agency	139	1,757	38	12.6	0.3
Hospital Based Agency	104	645	19	6.2	0.2
Proprietary	1	4	-	4.0	-
Private Non-profit	41	407	8	9.9	0.2
All Other	17	162	7	9.5	0.4

North Central	815	4,641	483	5.7	0.6
VNA	108	1,465	157	13.6	1.5
Combined Government and Voluntary Agency	26	307	22	11.8	0.8
Official Health Agency	453	1,857	157	4.1	0.4
Hospital Based Agency	104	296	24	2.8	0.2
Proprietary	23	111	59	4.8	2.6
Private Non-profit	86	552	57	6.4	0.7
All Other	15	53	7	3.5	0.5
South	1,168	6,883	815	5.9	0.7
VNA	62	789	99	12.7	1.6
Combined Government and Voluntary Agency	25	92	9	3.7	0.4
Official Health Agency	595	3,344	244	5.6	0.4
Hospital Based Agency	83	319	53	3.8	0.6
Proprietary	103	524	80	5.1	0.8
Private Non-profit	282	1,745	281	6.2	1.0
All Other	18	70	49	3.9	2.7
West	368	2,325	244	6.3	0.7
VNA	47	644	71	13.7	1.5
Combined Government and Voluntary Agency	5	87	9	17.4	1.8
Official Health Agency	111	552	43	5.0	0.4
Hospital Based Agency	72	291	36	4.0	0.5
Proprietary	70	264	58	3.8	0.8
Private Non-profit	52	449	26	8.6	0.5
All Other	11	38	1	3.5	0.1
Division:					
Northeast:					
New England	333	2,634	128	7.9	0.4
VNA	218	2,041	108	9.4	0.5
Combined Government and Voluntary Agency	3	7	-	2.2	-
Official Health Agency	59	189	4	3.2	0.1
Hospital Based Agency	25	132	5	5.3	0.2
Proprietary	-	-	-	-	-
Private Non-profit	20	148	5	7.4	0.3
All Other	8	117	6	14.6	0.8

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State--Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
Middle Atlantic	289	4,351	210	15.1	0.7
VNA	93	1,917	156	20.6	1.7
Combined Government and Voluntary Agency	6	45	2	7.5	0.3
Official Health Agency	80	1,568	34	19.6	0.4
Hospital Based Agency	79	513	14	6.5	0.2
Proprietary	1	4	-	4.0	-
Private Non-profit	21	259	3	12.3	0.1
All Other	9	45	1	5.0	0.1
North Central:					
East North Central	450	2,873	312	6.4	0.7
VNA	88	1,125	125	12.8	1.4
Combined Government and Voluntary Agency	9	148	9	16.4	1.0
Official Health Agency	206	901	79	4.4	0.4
Hospital Based Agency	52	143	10	2.8	0.2
Proprietary	23	111	59	4.8	2.6
Private Non-profit	63	422	27	6.7	0.4
All Other	9	23	3	2.6	0.3

West North Central	365	1,768	171	4.8	0.5
VNA	20	340	32	17.0	1.6
Combined Government and Voluntary Agency	17	159	13	9.4	0.8
Official Health Agency	247	956	78	3.9	0.3
Hospital Based Agency	52	153	14	2.9	0.3
Proprietary	-	-	-	-	-
Private Non-profit	23	130	30	5.7	1.3
All Other	6	30	4	5.0	0.7
South:					
South Atlantic	428	3,335	236	7.8	0.6
VNA	40	506	55	12.7	1.4
Combined Government and Voluntary Agency	7	52	3	7.4	0.4
Official Health Agency	165	1,375	112	8.3	0.7
Hospital Based Agency	32	162	9	5.1	0.3
Proprietary	43	218	8	5.1	0.2
Private Non-profit	132	995	47	7.5	0.4
All Other	9	27	2	3.0	0.2
East South Central	426	2,223	210	5.2	0.5
VNA	11	89	9	8.1	0.8
Combined Government and Voluntary Agency	17	39	5	2.3	0.3
Official Health Agency	256	1,420	72	5.6	0.3
Hospital Based Agency	36	109	34	3.0	0.9
Proprietary	32	190	56	5.9	1.8
Private Non-profit	72	374	33	5.2	0.5
All Other	2	2	1	1.0	0.5
West South Central	314	1,325	369	4.2	1.2
VNA	11	194	35	17.6	3.2
Combined Government and Voluntary Agency	1	1	1	1.0	1.0
Official Health Agency	174	549	60	3.2	0.3
Hospital Based Agency	15	48	10	3.2	0.7
Proprietary	28	116	16	4.1	0.6
Private Non-profit	78	376	201	4.8	2.6
All Other	7	41	46	5.9	6.6

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
West:					
Mountain	139	750	97	5.4	0.7
VNA	14	117	22	8.4	1.6
Combined Government and Voluntary Agency	4	78	9	19.5	2.2
Official Health Agency	70	362	28	5.2	0.4
Hospital Based Agency	23	83	20	3.6	0.8
Proprietary	12	30	8	2.5	0.7
Private Non-profit	13	75	9	5.8	0.7
All Other	3	5	1	1.7	0.3
Pacific	229	1,575	147	6.9	0.6
VNA	33	527	49	16.0	1.5
Combined Government and Voluntary Agency	1	9	-	9.0	-
Official Health Agency	41	190	15	4.6	0.4
Hospital Based Agency	49	208	16	4.2	0.3
Proprietary	58	234	50	4.0	0.9
Private Non-profit	39	374	17	9.6	0.4
All Other	8	33	-	4.1	-
New England:					
Connecticut	87	722	26	8.3	0.3
VNA	62	552	24	8.9	0.4
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	18	112	1	6.2	0.6
Hospital Based Agency	4	9	-	2.2	-
Proprietary	-	-	-	-	-
Private Non-profit	1	35	-	35.0	-
All Other	2	14	1	7.0	0.5

Maine	18	177	1	9.8	0.6
VNA	4	25	1	6.2	0.2
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	2	2	-	1.0	-
Hospital Based Agency	1	3	-	3.0	-
Proprietary	-	-	-	-	-
Private Non-profit	9	75	-	8.3	-
All Other	2	72	-	36.0	-
Massachusetts	150	1,233	59	8.2	0.4
VNA	94	1,020	47	10.8	0.5
Combined Government and Voluntary Agency	1	5	-	5.0	-
Official Health Agency	31	57	2	1.8	0.6
Hospital Based Agency	17	115	5	6.8	0.3
Proprietary	-	-	-	-	-
Private Non-profit	5	15	4	3.0	0.8
All Other	2	21	1	10.5	0.5
New Hampshire	43	186	10	4.3	0.2
VNA	35	160	8	4.6	0.2
Combined Government and Voluntary Agency	1	1	-	1.0	-
Official Health Agency	4	11	1	2.8	0.2
Hospital Based Agency	-	-	-	-	-
Proprietary	-	-	-	-	-
Private Non-profit	3	14	1	4.7	0.3
All Other	-	-	-	-	-
Rhode Island	14	170	13	12.1	0.9
VNA	9	157	13	17.4	1.4
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	-	-	-	-	-
Hospital Based Agency	3	5	-	1.7	-
Proprietary	-	-	-	-	-
Private Non-profit	1	5	-	5.0	-
All Other	1	3	-	3.0	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
Vermont	21	146	19	7.0	0.9
VNA	14	127	15	9.1	1.1
Combined Government and Voluntary Agency	1	1	-	1.0	-
Official Health Agency	4	7	-	1.8	-
Hospital Based Agency	-	-	-	-	-
Proprietary	-	-	-	-	-
Private Non-profit	1	4	-	4.0	-
All Other	1	7	4	7.0	4.0
Middle Atlantic:					
New Jersey	46	780	30	17.0	0.6
VNA	20	379	22	19.0	1.1
Combined Government and Voluntary Agency	1	14	-	14.0	-
Official Health Agency	15	228	5	15.2	0.3
Hospital Based Agency	8	64	3	8.0	0.4
Proprietary	1	4	-	4.0	-
Private Non-profit	1	91	-	91.0	-
All Other	-	-	-	-	-
New York	122	1,942	62	15.9	0.5
VNA	15	575	35	38.3	2.3
Combined Government and Voluntary Agency	4	28	2	7.0	0.5
Official Health Agency	57	1,287	25	22.6	0.4
Hospital Based Agency	42	36	-	0.9	-
Proprietary	-	-	-	-	-
Private Non-profit	1	-	-	-	-
All Other	3	16	-	5.3	-

Pennsylvania	121	1,629	118	13.5	1.0
VNA	58	963	99	16.6	1.7
Combined Government and Voluntary Agency	1	3	-	3.0	-
Official Health Agency	8	53	4	6.6	0.5
Hospital Based Agency	29	413	11	14.2	0.4
Proprietary	-	-	-	-	-
Private Non-profit	19	168	3	8.8	0.2
All Other	6	29	1	4.8	0.2
East North Central:					
Illinois	134	918	77	6.8	0.6
VNA	26	297	26	11.4	1.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	42	270	25	6.4	0.6
Hospital Based Agency	21	67	4	3.2	0.2
Proprietary	6	34	2	5.7	0.3
Private Non-profit	37	241	19	6.5	0.5
All Other	2	9	1	4.5	0.5
Indiana	49	290	62	5.9	1.3
VNA	16	139	14	8.7	0.9
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	11	46	-	4.2	-
Hospital Based Agency	5	5	-	1.0	-
Proprietary	10	61	46	6.1	4.6
Private Non-profit	4	28	1	7.0	0.2
All Other	3	11	1	3.7	0.3
Michigan	64	504	61	7.9	1.0
VNA	11	226	37	20.5	3.4
Combined Government and Voluntary Agency	1	41	4	41.0	4.0
Official Health Agency	33	120	18	3.6	0.6
Hospital Based Agency	5	16	2	3.2	0.4
Proprietary	-	-	-	-	-
Private Non-profit	14	101	-	7.7	-
All Other	-	-	-	-	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
Ohio	113	816	87	7.2	0.8
VNA	22	280	40	12.7	1.8
Combined Government and Voluntary Agency	7	100	5	14.3	0.7
Official Health Agency	61	338	31	5.5	0.5
Hospital Based Agency	16	50	4	3.1	0.2
Proprietary	-	-	-	-	-
Private Non-profit	7	48	7	6.9	1.0
All Other	-	-	-	-	-
Wisconsin	90	345	25	3.8	0.3
VNA	13	183	8	14.1	0.6
Combined Government and Voluntary Agency	1	7	-	7.0	-
Official Health Agency	59	127	5	2.6	0.8
Hospital Based Agency	5	5	-	1.0	-
Proprietary	7	16	11	2.3	1.6
Private Non-profit	1	4	-	4.0	-
All Other	4	3	1	0.8	0.2
West North Central:					
Iowa	105	344	13	3.3	0.1
VNA	11	85	4	7.7	0.4
Combined Government and Voluntary Agency	4	49	1	12.2	0.2
Official Health Agency	87	207	8	2.4	0.9
Hospital Based Agency	2	2	-	1.0	-
Proprietary	-	-	-	-	-
Private Non-profit	1	1	-	1.0	-
All Other	-	-	-	-	-

Kansas	62	159	26	2.6	0.4
VNA	2	22	4	11.0	2.0
Combined Government and Voluntary Agency	9	14	3	1.6	0.3
Official Health Agency	35	87	14	2.5	0.4
Hospital Based Agency	9	11	2	1.2	0.2
Proprietary	-	-	-	-	-
Private Non-profit	6	20	2	3.3	0.3
All Other	1	5	1	5.0	1.0
Minnesota	84	600	47	7.1	0.6
VNA	1	6	-	6.0	-
Combined Government and Voluntary Agency	1	65	8	65.0	8.0
Official Health Agency	66	458	26	6.6	0.4
Hospital Based Agency	8	36	4	4.5	0.5
Proprietary	-	-	-	-	-
Private Non-profit	5	28	7	5.6	1.4
All Other	3	7	2	2.3	0.7
Missouri	47	385	62	8.2	1.3
VNA	4	158	16	39.5	4.0
Combined Government and Voluntary Agency	2	20	1	10.0	0.5
Official Health Agency	20	86	22	4.3	1.1
Hospital Based Agency	9	36	2	4.0	0.2
Proprietary	-	-	-	-	-
Private Non-profit	11	81	21	7.4	1.9
All Other	1	4	-	4.0	-
Nebraska	17	144	14	8.5	0.8
VNA	1	61	8	61.0	8.0
Combined Government and Voluntary Agency	1	11	-	11.0	-
Official Health Agency	-	-	-	-	-
Hospital Based Agency	14	58	5	4.1	0.4
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	1	14	1	14.0	1.0

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
North Dakota	13	30	3	2.3	0.2
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	6	23	2	3.8	0.3
Hospital Based Agency	7	7	1	1.0	0.1
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-
South Dakota	37	106	6	2.9	0.2
VNA	1	8	-	8.0	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	33	95	6	2.9	0.2
Hospital Based Agency	3	3	-	1.0	-
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-
South Atlantic:					
Delaware	6	34	2	5.7	0.3
VNA	1	19	1	19.0	1.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	2	8	1	4.0	0.5
Hospital Based Agency	1	1	-	1.0	-
Proprietary	-	-	-	-	-
Private Non-profit	1	5	-	5.0	-
All Other	1	1	-	1.0	-

Dist. of Columbia	4	64	11	16.0	2.8
VNA	1	60	10	60.0	10.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	1	-	-	-	-
Hospital Based Agency	-	-	-	-	-
Proprietary	-	-	-	-	-
Private Non-profit	2	4	1	2.0	0.5
All Other	-	-	-	-	-
Florida	138	1,299	51	9.4	0.4
VNA	14	207	23	14.8	1.6
Combined Government and Voluntary Agency	4	28	1	7.0	0.2
Official Health Agency	15	132	6	8.8	0.4
Hospital Based Agency	6	20	1	3.3	0.1
Proprietary	30	159	7	5.3	0.2
Private Non-profit	68	746	13	11.0	0.2
All Other	1	7	-	7.0	-
Georgia	65	264	26	4.1	0.4
VNA	14	78	6	5.6	0.4
Combined Government and Voluntary Agency	1	14	1	14.0	1.0
Official Health Agency	10	39	5	3.9	0.5
Hospital Based Agency	6	22	1	3.7	0.2
Proprietary	-	-	-	-	-
Private Non-profit	34	111	13	3.3	0.4
All Other	-	-	-	-	-
Maryland	32	345	23	10.8	0.7
VNA	1	68	8	68.0	8.0
Combined Government and Voluntary Agency	1	7	1	7.0	1.0
Official Health Agency	17	183	13	10.8	0.8
Hospital Based Agency	7	52	-	7.4	-
Proprietary	2	16	-	8.0	-
Private Non-profit	2	11	1	5.5	0.5
All Other	2	8	-	4.0	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
North Carolina	84	450	64	5.4	0.8
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	55	354	42	6.4	0.8
Hospital Based Agency	7	21	6	3.0	0.9
Proprietary	6	21	-	3.5	-
Private Non-profit	15	50	16	3.3	1.1
All Other	1	4	-	4.0	-
South Carolina	22	236	18	10.7	0.8
VNA	1	3	1	3.0	1.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	14	186	16	13.3	1.1
Hospital Based Agency	-	-	-	-	-
Proprietary	2	2	-	1.0	-
Private Non-profit	5	45	1	9.0	0.2
All Other	-	-	-	-	-
Virginia	47	528	31	11.2	0.7
VNA	4	50	5	12.5	1.2
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	36	412	25	11.4	0.7
Hospital Based Agency	3	42	-	14.0	-
Proprietary	3	20	1	6.7	0.3
Private Non-profit	-	-	-	-	-
All Other	1	4	-	4.0	-

West Virginia	30	115	10	3.8	0.3
VNA	4	21	1	5.2	0.2
Combined Government and Voluntary Agency	1	3	-	3.0	-
Official Health Agency	15	61	4	4.1	0.3
Hospital Based Agency	2	4	1	2.0	0.5
Proprietary	-	-	-	-	-
Private Non-profit	5	23	2	4.6	0.4
All Other	3	3	2	1.0	0.7
East South Central:					
Alabama	89	429	17	4.8	0.2
VNA	2	27	1	13.5	0.5
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	61	289	1	4.7	0.2
Hospital Based Agency	3	9	10	3.0	3.3
Proprietary	1	1	-	1.0	-
Private Non-profit	22	103	5	4.7	0.2
All Other	-	-	-	-	-
Kentucky	53	206	39	3.9	0.8
VNA	1	19	3	19.0	3.0
Combined Government and Voluntary Agency	1	1	1	1.0	1.0
Official Health Agency	25	94	19	3.8	0.7
Hospital Based Agency	15	54	11	3.6	0.7
Proprietary	6	30	3	5.0	0.5
Private Non-profit	4	7	1	1.8	0.2
All Other	1	1	1	1.0	1.0
Mississippi	132	791	23	6.0	0.2
VNA	5	28	2	5.6	0.4
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	83	554	2	6.7	0.2
Hospital Based Agency	16	44	13	2.8	0.8
Proprietary	-	-	-	-	-
Private Non-profit	27	164	6	6.1	0.2
All Other	1	1	-	1.0	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
Tennessee	152	797	131	5.2	0.9
VNA	3	15	3	5.0	1.0
Combined Government and Voluntary Agency	16	38	4	2.4	0.2
Official Health Agency	87	483	50	5.6	0.6
Hospital Based Agency	2	2	-	1.0	-
Proprietary	27	182	55	6.7	2.0
Private Non-profit	17	77	19	4.5	1.1
All Other	-	-	-	-	-
West South Central:					
Arkansas	89	235	29	2.6	0.3
VNA	1	1	-	1.0	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	74	202	16	2.7	0.2
Hospital Based Agency	7	16	7	2.3	1.0
Proprietary	-	-	-	-	-
Private Non-profit	7	16	6	2.3	0.9
All Other	-	-	-	-	-
Louisiana	81	307	39	3.8	0.5
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	37	125	14	3.4	0.4
Hospital Based Agency	3	23	-	7.7	-
Proprietary	28	116	16	4.1	0.6
Private Non-profit	12	42	9	3.5	0.8
All Other	1	1	-	1.0	-

Oklahoma	61	197	24	3.2	0.4
VNA	2	28	2	14.0	1.0
Combined Government and Voluntary Agency	1	1	1	1.0	1.0
Official Health Agency	51	146	14	2.9	0.3
Hospital Based Agency	2	2	1	1.0	0.5
Proprietary	-	-	-	-	-
Private Non-profit	4	17	6	4.2	1.5
All Other	1	3	-	3.0	-
Texas	83	586	277	7.1	3.3
VNA	8	165	33	20.6	4.1
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	12	76	16	6.3	1.3
Hospital Based Agency	3	7	2	2.3	0.7
Proprietary	-	-	-	-	-
Private Non-profit	55	301	180	5.5	3.3
All Other	5	37	46	7.4	9.2
Mountain:					
Arizona	14	91	31	6.5	2.2
VNA	2	38	16	19.0	8.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	6	38	12	6.3	2.0
Hospital Based Agency	3	10	1	3.3	0.3
Proprietary	1	3	1	3.0	1.0
Private Non-profit	2	2	1	1.0	0.5
All Other	-	-	-	-	-
Colorado	40	317	24	7.9	0.6
VNA	7	32	4	4.6	0.6
Combined Government and Voluntary Agency	2	72	8	36.0	4.0
Official Health Agency	24	168	7	7.0	0.3
Hospital Based Agency	1	4	-	4.0	-
Proprietary	-	-	-	-	-
Private Non-profit	5	38	5	7.6	1.0
All Other	1	3	-	3.0	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State--Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
Idaho	15	64	13	4.3	0.8
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	5	34	1	6.8	0.2
Hospital Based Agency	4	15	10	3.8	2.5
Proprietary	6	15	2	2.5	0.3
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-
Montana	16	51	5	3.2	0.3
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	1	3	-	3.0	-
Official Health Agency	6	21	3	3.5	0.5
Hospital Based Agency	5	11	1	2.2	0.2
Proprietary	-	-	-	-	-
Private Non-profit	3	15	1	5.0	0.3
All Other	1	1	-	1.0	-
Nevada	9	36	11	4.0	1.2
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	2	5	2	2.5	1.0
Hospital Based Agency	2	4	3	2.0	1.5
Proprietary	4	11	5	2.8	1.3
Private Non-profit	1	16	1	16.0	1.0
All Other	-	-	-	-	-

New Mexico	20	61	12	3.1	0.6
VNA	4	17	2	4.2	0.5
Combined Government and Voluntary Agency	1	3	1	3.0	1.0
Official Health Agency	6	12	3	2.0	0.5
Hospital Based Agency	5	23	4	4.6	0.8
Proprietary	1	1	-	1.0	-
Private Non-profit	2	4	1	2.0	0.5
All Other	1	1	1	1.0	1.0
Utah	9	67	1	7.4	0.1
VNA	1	30	-	30.0	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	6	26	-	4.3	-
Hospital Based Agency	2	11	1	5.5	0.5
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-
Wyoming	16	63	-	3.9	-
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	15	58	-	3.9	-
Hospital Based Agency	1	5	-	5.0	-
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-
Pacific:					
Alaska	1	4	-	4.0	-
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	1	4	-	4.0	-
Hospital Based Agency	-	-	-	-	-
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
California	151	957	124	6.3	0.8
VNA	28	381	47	13.6	1.7
Combined Government and Voluntary Agency	1	9	-	9.0	-
Official Health Agency	12	60	5	5.0	0.4
Hospital Based Agency	28	134	13	4.8	0.5
Proprietary	56	230	50	4.1	0.9
Private Non-profit	22	133	9	6.0	0.4
All Other	4	10	-	2.5	-
Hawaii	9	45	-	5.0	-
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	3	10	-	3.3	-
Hospital Based Agency	3	23	-	7.7	-
Proprietary	2	4	-	2.0	-
Private Non-profit	-	-	-	-	-
All Other	1	8	-	8.0	-
Oregon	33	316	9	9.6	0.3
VNA	1	56	1	56.0	1.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	15	59	6	3.9	0.4
Hospital Based Agency	12	36	2	3.0	0.2
Proprietary	-	-	-	-	-
Private Non-profit	4	164	-	41.0	-
All Other	1	1	-	1.0	-

Washington	35	253	14	7.2	0.4
VNA	4	90	1	22.5	0.2
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	10	57	4	5.7	0.4
Hospital Based Agency	6	15	1	2.5	0.2
Proprietary	-	-	-	-	-
Private Non-profit	13	77	8	5.9	0.6
All Other	2	14	-	7.0	-
Other Outlying Areas:					
Puerto Rico	27	225	9	8.3	0.3
VNA	1	1	1	1.0	1.0
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	-	-	-	-	-
Hospital Based Agency	5	54	5	10.8	1.0
Proprietary	-	-	-	-	-
Private Non-profit	21	170	3	8.1	0.1
All Other	-	-	-	-	
Virgin Islands	1	4	1	4.0	1.0
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	1	4	1	4.0	1.0
Hospital Based Agency	-	-	-	-	-
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-

Table 16. Number of Home Health Agencies and Ratios of Selected Staff, by Type of Agency, Region, Division, and State-Con.

(See NOTES preceding General Tables)

Region, Division, State, and Type of Agency	All Home Health Agencies	Registered Professional Nurses	Licensed Practical Nurses	Registered Professional Nurses Per Agency	Licensed Practical Nurses Per Agency
Other	1	4	-	4.0	-
VNA	-	-	-	-	-
Combined Government and Voluntary Agency	-	-	-	-	-
Official Health Agency	1	4	-	4.0	-
Hospital Based Agency	-	-	-	-	-
Proprietary	-	-	-	-	-
Private Non-profit	-	-	-	-	-
All Other	-	-	-	-	-

SOURCE: Health Care Financing Administration: Compiled by the Office of Research and Demonstrations, Data Production and Analysis Unit, from the Provider master file maintained by the Bureau of Support Services, Office of Health Program Systems.

Forms

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FIGURE 1

Form Approved
OMB No. 066-R0003

HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY IN THE HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM

PROVIDER IDENTIFICATION NUMBER (M1)	STATE/COUNTY CODE (M2)
STATE REGION (M3)	HSA CODE (M4)
PSRO CODE (M5)	PHS CODE (M6)

I. Identifying Information

NAME OF HOSPITAL

STREET ADDRESS

CITY, COUNTY, AND STATE

ZIP CODE

TELEPHONE NUMBER (M7)

NAME OF CHIEF ADMINISTRATIVE OFFICER (M8)

TITLE

NAME AND ADDRESS OF PARENT INSTITUTION *(if applicable)* (M9)

II. Licensure (M10)

1 ☐ Licensed or Approved as a Hospital by a State or Local Government Agency

1(a) Name of Licensing Agency *(Specify)* _____

2 ☐ No License or Approval Required

III. Utilization Review Plan *(Check one)* (M11)

1 ☐ Hospital Staff Members
2 ☐ Medical Society/Foundation Committee
3 ☐ Combination Medical Society/Foundation and Hospital Staff
4 ☐ PSRO Monitoring
5 ☐ Other *(Specify)* _____

IV. Type of Hospital *(Check one that most accurately describes)* (M12)

1 ☐ General–Short Term
2 ☐ General–Long Term
3 ☐ Tuberculosis and other respiratory Diseases
4 ☐ Psychiatric
5 ☐ Chronic Disease
6 ☐ Specialty–Short Term
7 ☐ Specialty–Long Term
8 ☐ Christian Science Sanitorium
9 ☐ Other *(Specify)* _____

V. Type of Control *(Check one)* (M13)

Voluntary Not For Profit

1 ☐ Church
2 ☐ Other *(Specify)* _____
3 ☐ Proprietary

Government (Non–Federal)

4 ☐ State
5 ☐ County
6 ☐ City
7 ☐ City–County
8 ☐ Hospital District or Authority
9 ☐ Government (Federal) *(Specify)* _____

VI. Bed Capacity

Total	Adult	Pediatric	ICU/CCU	Nursery
_____ (M14)	_____ (M15)	_____ (M16)	_____ (M17)	_____ (M18) *(Exclude this total from M14)*

Hospitals accredited by the JCAH or AOA may establish their eligibility to provide services for reimbursement under the program by submitting to the designated State agency information on this form, a UR plan which is found to meet the requirements of the law (unless a PSRO is performing reviews), and preparing an overall budget plan which provides for an annual operating budget and a capital expenditure plan. For other hospitals, the filing of this request will initiate the process of obtaining a decision as to whether the conditions of participation are met. A hospital that establishes its eligiblity may later enter into an agreement to become a participating hospital.

VII. Services provided by Staff, place a "1" in appropriate block(s).

If services provided under arrangements place a "2" in the appropriate block(s)

(M19)

01 ☐ Blood Bank
02 ☐ Clinical Laboratory
03 ☐ Pathology Laboratory
04 ☐ Electrocardiograph
05 ☐ Electroencephalograph
06 ☐ Pharmacy
07 ☐ Occupational Therapy
08 ☐ Physical Therapy Dept.
09 ☐ Intensive Care Unit
10 ☐ Organized Outpatient Department
11 ☐ Emergency Department
12 ☐ Home Care Unit
13 ☐ Operating Room
14 ☐ Recovery Room
15 ☐ Medical Social Service Department
16 ☐ X-Ray, Diagnostic
17 ☐ Nuclear Medicine
18 ☐ Cobalt & Radiation Therapy
19 ☐ Psych. Inpatient Care
20 ☐ Rehabilitation Unit
21 ☐ Extended Care Unit
22 ☐ Renal Dialysis
23 ☐ Open Heart Surgery
24 ☐ Coronary Care Unit
25 ☐ Oral Surgery Department
26 ☐ OB-GYN Department
27 ☐ Pediatric Department
28 ☐ Speech Therapy Department
29 ☐ Pulmonary Function Service
30 ☐ Organ Bank
31 ☐ Ambulatory Pre-operative Unit
32 ☐ Nursery
33 ☐ Shock Trauma

VIII. Number of Medical Staff by Specialty and Type of Appointment

(M20) A. Active	(M21) Consulting	(M22) Courtesy	(M23) Intern	(M24) Resident	(M25) Total

B. Specialties *(Check all applicable)* (M26)

01 ☐ Surgery
02 ☐ Internal Medicine
03 ☐ Pathology
04 ☐ General Practice
05 ☐ Radiology
06 ☐ OB-GYN
07 ☐ Urology
08 ☐ Pediatrics
09 ☐ Gastro-Ent
10 ☐ Neurology
11 ☐ Orthopaedics
12 ☐ Psychiatry
13 ☐ EENT
14 ☐ Anesthesiology
15 ☐ Oral Surgery

IX. Number of Employees (Full Time Equivalents)

A. Nursing Staff

(M27)_____ RN

(1) Nursing Subspecialties

(M29)_____ Nurse (CRNA)
(M30)_____ Nurse (Psych.)
(M31)_____ Nurse Practitioner
(M32)_____ Midwives
(Totals should be included in (A), above)

(M28)_____ LPN

B. Others

(M33)_____ RRA
(M34)_____ ART
(M35)_____ Medical Technician
(M36)_____ Lab Technologist
(M37)_____ Lab Technician
(M38)_____ Dietitian
(M39)_____ Nutritionist
(M40)_____ Pharmacist

(M41) _____ Social Worker
(M42) _____ Occupational Therapist
(M43) _____ Speech Therapist
(M44) _____ Physical Therapy
(M45) _____ PT Aides
(M46) _____ Nurse's Aides
(M47) _____ Orderlies
(M48) _____ Physician Assistant

X. Physician Training Programs

A. Affiliated with a Medical School (M49)

1 ☐ Major
2 ☐ Limited
3 ☐ Graduate
4 ☐ No Affiliation

B. Intern Program Approved (M50)

1 ☐ AMA
2 ☐ ADA
3 ☐ AOA
4 ☐ No Program

C. Number of Resident Programs Approved by: (M51)

1 ___ AMA
2 ___ ADA
3 ___ AOA
4 ☐ No Program

SIGNATURE OF AUTHORIZED OFFICIAL

(M52) FISCAL YEAR ENDING DATE:

TITLE

DATE (M53)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
MEDICARE BUREAU

FIGURE 2

Form Approved
OMB No. 68-R0006

HOME HEALTH AGENCY REQUEST TO ESTABLISH ELIGIBLITY IN THE HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM

All home health agencies desiring to establish their eligibility in the health insurance program should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office.

PROVIDER IDENTIFICATION NUMBER (P1)
STATE/COUNTY (P2)
STATE REGION (P3)
PHS (P4)
PSRO (P5)

I. Identifying Information

A. NAME OF AGENCY	STREET ADDRESS	
CITY, COUNTY, AND STATE	ZIP CODE	TELEPHONE NO. *(Including area code)* (P6)
NAME OF CHIEF ADMINISTRATIVE OFFICER (P7)	TITLE	
B. NAME AND ADDRESS OF PARENT INSTITUTION *(If applicable)* (P8)		

C. DESIGNATE GEOGRAPHIC AREA COVERED BY AGENCY OPERATION *(e.g., entire county or specific portions thereof, entire city or specific portions thereof, combination county-city or specific portions thereof, and multi-county or specific portions thereof.)* (P9) *(See instructions)*
1. ☐ LESS THAN COUNTYWIDE 2. ☐ SINGLE COUNTY 3. ☐ MULTI-COUNTY 4. ☐ UNKNOWN

II. Type of Home Health Agency *(Check one)* (P10)

1 ☐ Visiting Nurse Association
2 ☐ Combination Government and Voluntary Agency
3 ☐ Official Health Agency
4 ☐ Rehabilitation Facility Based Program
5 ☐ Hospital Based Program
6 ☐ Skilled Nursing Facility Based Program
7 ☐ Proprietary
8 ☐ Private Non-Profit
9 ☐ Other *(Specify)* _____

III. Type of Control *(Check one)* (P11)

1 ☐ Voluntary Non-Profit Other Than Church
2 ☐ Voluntary Non-Profit Church
3 ☐ State Government
4 ☐ Local Government
5 ☐ Combination Govt. and Voluntary
6 ☐ Proprietary
7 ☐ Other *(Specify)*

IV. Place a "1" in the block for each service provided by AGENCY STAFF. If services are provided UNDER ARRANGEMENT, place a "2" in the block. (P12)

01 ☐ Nursing Care
02 ☐ Physical Therapy
03 ☐ Occupational Therapy
04 ☐ Speech Therapy
05 ☐ Medical Social Services
06 ☐ Home Health Aide-Homemaker Service
07 ☐ Interns and Residents
08 ☐ Nutritional Guidance
09 ☐ Pharmaceutical Service
10 ☐ Appliances and Equipment Service
11 ☐ Vocational Guidance
12 ☐ Other *(Specify)* _____

Some of these services are not reimbursable under the Health Insurance Program. See the Conditions of Participation for those services which are reimbursable.

V. Number of Employees on the Agcy. Staff *(Full-Time Equivalents)*

A. REGISTERED PROFESSIONAL NURSES (P13)	B. LICENSED PRACTICAL NURSES (P14)	C. QUALIFIED PHYSICAL THERAPISTS (P15)	D. QUALIFIED OCCUPATIONAL THERAPISTS (P16)
E. QUALIFIED SPEECH PATHOLOGIST OR AUDIOLOGIST (P17)	F. HOME HEALTH AIDES (P18)	G. QUALIFIED MEDICAL SOCIAL WORKERS (P19)	H. ALL OTHERS (P20)

SIGNATURE OF AUTHORIZED OFFICIAL	(P21) FISCAL YEAR ENDING DATE:	
	TITLE	DATE (P22)

Form HCFA-1515-U4 (5-78) (Formerly SSA-1515)

1. REGIONAL OFFICE

Department of Health, Education, and Welfare
Health Care Financing Administration

FIGURE 3

Form Approved
OMB No. 66-R0009

LONG-TERM CARE FACILITY REQUEST TO ESTABLISH ELIGIBILITY IN THE MEDICARE AND/OR MEDICAID PROGRAM

All facilities desiring to establish eligibility in the program(s) should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office, or the Title XIX Single State Agency.

PROVIDER IDENTIFICATION	
PROVIDER NUMBER (N1)	MEDICAID ID NO. (N2)
STATE/COUNTY (N3)	STATE REGION (N4)
PHS REGION (N5)	PSRO (N6)

I. Identifying Information

NAME OF FACILITY	STREET ADDRESS		
CITY, COUNTY, AND STATE	ZIP CODE	TELEPHONE NUMBER *(Including Area Code)* (N7)	
NAME AND ADDRESS OF PARENT ORGANIZATION *(If chain affiliated)* (N8)	NAME OF ADMINISTRATOR (N9)	LICENSE NO. (N10)	FISCAL YEAR ENDING DATE (N11)

II. Licensure

(N12) 1 ☐ LICENSED OR APPROVED AS _____ BY A STATE OF LOCAL GOVERNMENT AGENCY — NAME OF AGENCY

2 ☐ NO LICENSE OR APPROVAL REQUIRED BY STATE LAW

3 REQUEST TO ESTABLISH ELIGIBILITY IN (N13) 1) ☐ MEDICARE 2) ☐ MEDICAID 3) ☐ BOTH

III. Type of Facility *(Check one)* (N14)

- 01 ☐ Skilled Nursing Facility
- 02 ☐ Skilled Nursing Unit of Hospital
- 03 ☐ Skilled Nursing Unit of Rehabilitation Center
- 04 ☐ Skilled Nursing Unit of Domiciliary Inst.
- 05 ☐ SNF Distinct Part of Skilled Nursing Facility
- 06 ☐ Christian Science San.
- 07 ☐ General ICF
- 08 ☐ ICF Distinct Part of Skilled Nursing Facility
- 09 ☐ SNF-ICF (Swing Bed)
- 10 ☐ IMR
- 11 ☐ Other *(Specify)* _____

IV. Type of Control *(Check one)* (N15)

Voluntary Non-Profit: 1 ☐ Church; 2 ☐ Other *(Specify)* _____

3 Proprietary ☐

Government *(Non-Federal)*: 4 ☐ State; 5 ☐ County; 6 ☐ City; 7 ☐ City-County; 8 ☐ Hospital District

9 ☐ Other *(Specify)* _____

V. Services Provided: BY STAFF. Place a "1" in the block(s). If UNDER ARRANGEMENT, place a "2" in the block(s). (N16)

- 01 ☐ Nursing
- 02 ☐ Physical Therapy
- 03 ☐ Outpatient Physical Therapy
- 04 ☐ Occupational Therapy
- 05 ☐ Speech Pathology
- 06 ☐ Outpatient Speech Pathology
- 07 ☐ Social Services
- 08 ☐ Recreational Activities
- 09 ☐ Pharmacy
- 10 ☐ Clinical Laboratory
- 11 ☐ Diagnostic X-ray
- 12 ☐ Administration and Storage of Blood
- 13 ☐ Dentistry
- 14 ☐ Podiatry
- 15 ☐ Ophthalmology
- 16 ☐ Psychological Services
- 17 ☐ Other *(Specify)* _____

VI. Please See Instructions

1 REGISTERED PROFESSIONAL NURSES (N17) (a) (b)	5 QUALIFIED SPEECH PATHOLOGISTS (N21) (a) (b)	9 MEDICAL RECORDS PRACTITIONERS (N25) (a) (b)
2 LICENSED PRACTICAL NURSES (N18) (a) (b)	6 LICENSED PHARMACISTS (N22) (a) (b)	10 DIETITIANS (N26) (a) (b)
3 QUALIFIED PHYSICAL THERAPISTS (N19) (a) (b)	7 QUALIFIED SOCIAL WORKERS (N23) (a) (b)	11 ALL OTHERS (N27) (a) (b)
4 QUALIFIED OCCUPATIONAL THERAPISTS (N20) (a) (b)	8 OTHER SOCIAL WORK PERSONNEL (N24) (a) (b)	

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE	(N28) DATE

Form **HCFA-1516** (3-78)
(Formerly SSA-1516)

1. OFFICE OF LONG TERM CARE

FIGURE 4

CLINICAL LABORATORY SURVEY REPORT

Medicare ID Number E1 | CLIA ID Number E2 | Form Approved OMB No. 066-R-0042

Name of Laboratory	State Region (if applicable)	State/County E3
Street Address	Type of Ownership or Control E5 ☐Private ☐City ☐City-County ☐State ☐County ☐Other (Specify)	
City / State / ZIP	Survey Status: 1. ☐INITIAL 2. ☐RECERTIFICATION 3. ☐OTHER (SPECIFY)	
Telephone ( ) / Date of Survey E4 / State ID Number		
Name of Director / Name of Co-Director or Acting Director	Name of Surveyor(s) E6	

PERSONNEL: SHOW NUMBER OF PEOPLE QUALIFIED UNDER EACH APPLICABLE REGULATORY SECTION.

DIRECTOR(S) 405.1312(b)	GENERAL SUPERVISOR(S) 405.1313(b)	TECHNICAL SUPERVISOR(S) 405.1314(b)	TECHNOLOGIST(S) 405.1315(b)	TECHNICIAN(S) 405.1315(e)
(1) ____	(1) ____	(1) ____	(1) ____	(1) ____
(2) ____	(2) ____	(2) ____	(2) ____	(2) ____
(3) ____	(3) ____	(3) ____	(3) ____	(3) ____
(4) ____	(4) ____	(4) ____	(4) ____	(4) ____
(5) ____	(5) ____	(5) ____	(5) ____	(5) ____
		(6) ____	(6) ____	(6) ____
		(7) ____	E10	E12
		(8) ____	CYTOTECHNOLOGIST(S) 405.1315(c)	TECHNICIAN TRAINEES 405.1310(g)
		(9) ____	(1) ____	____
		(10) ____	(2) ____	
		(11) ____	(3) ____	
E7	E8	(12) ____ E9 (13) ____	E11	E13

Name(s) of technical employees who have left the laboratory since the last survey:

Name(s) of technical employees who have been hired by the laboratory since the last survey:

APPROVED SPECIALTIES/SUBSPECIALTIES

Check (✓) Specialties/Subspecialties in which laboratory is approved to perform tests. Indicate estimated annual test volume (ETV) in each approved specialty. Place an asterisk (*) behind each specialty licensed by Center for Disease Control (CDC).

010 ☐ Histocompatibility E14	100 ☐ Microbiology 110 ☐ Bacteriology 120 ☐ Mycology 130 ☐ Parasitology 140 ☐ Virology 150 ☐ Other	200 ☐ Serology 210 ☐ Syphilis 220 ☐ Other	300 ☐ Chemistry 310 ☐ Routine 320 ☐ Clinical Microscopy 330 ☐ Other
Histocompatibility E15 ETV: ____	Microbiology E16 ETV: ____	Serology E17 ETV: ____	Chemistry E18 ETV: ____
400 ☐ Hematology	500 ☐ Immunohematology 510 ☐ Blood Group & Rh Typing 520 ☐ Rh Titers 530 ☐ Cross Matching 540 ☐ Other	600 ☐ Pathology 610 ☐ Tissue 620 ☐ Oral 630 ☐ Diagnostic Cytology	700 ☐ Physiological Testing 710 ☐ EKG Serv. Physiological Testing E22 ETV: ____ 800 ☐ Radiobioassay
Hematology E19 ETV: ____	Immunohematology E20 ETV: ____	Pathology E21 ETV: ____	Radiobioassay E23 ETV: ____

FROM LAST SURVEY: ☐ No change in service ☐ Change in service as follows:

☐ (Sub) Specialty(ies) ADDED ____ Effective (date) ____

☐ (Sub) Specialty(ies) DELETED ____ Effective (date) ____

DEFICIENCIES FOUND IN THE FOLLOWING CONDITIONS:

☐ 405.1311 ☐ 405.1312 ☐ 405.1313 ☐ 405.1314 ☐ 405.1315 ☐ 405.1316 ☐ 405.1317 ☐ None

EPARTMENT OF HEALTH, EDUCATION, AND WELFARE

FIGURE 5

MEDICARE/MEDICAID
CERTIFICATION AND TRANSMITTAL

TO BE COMPLETED BY STATE SURVEY AGENCY

NAME AND ADDRESS OF FACILITY
(L3) _____
(L4) _____
(L5) _____ (L6) _____

TO: DHEW REGIONAL OFFICE

TO: TITLE XIX SINGLE STATE AGENCY

1. MEDICARE PROVIDER NUMBER (L1)

2. MEDICAID ID NUMBER (L2)

10. PURSUANT TO PROVISIONS OF SEC. 1864 AND APPLICABLE PROVISIONS OF TITLE XIX OF THE SOCIAL SECURITY ACT AND UPON CONSIDERATION OF ALL FACTS THE FACILITY IS CERTIFIED AS: (L12)

(a) ☐ In compliance with program requirements *(If appropriate, check applicable boxes below)*

Compliance is based on:
(1) ☐ Acceptable P.O.C.
(2) ☐ CFR sec. 405.1010 (Access provisions)
(3) ☐ P.L.91-690 (24 Hour RN)
(4) ☐ 1861(j)(15)(7 day RN rural SNF)
and/or approved waiver(s) of the following requirements:
(5) ☐ Life Safety Code
(6) ☐ ANSI (Std. A 117.1)
(7) ☐ Organized Medical Staff
(8) ☐ Patient Room Size
(9) ☐ Beds Per Room

(b) ☐ Not in compliance with program requirements *(If Title XIX only, complete item 15)*

(c) ☐ Reapproval Deferred Until: ___/___/___ *(See Remarks)*

(d) ☐ SNF/ICF Cancellation Date is:
(1) ☐ Invoked
(2) ☐ Rescinded

4. CATEGORY OF PROVIDER / SUPPLIER (L7)

01 ☐ Gen. Hosp. 05 ☐ HHA 09 ☐ Chronic Dialysis Unit
02 ☐ Psych. Hosp. 06 ☐ Independent Lab.
03 ☐ TB Hosp. 07 ☐ Portable X-Ray 10 ☐ ICF
04 ☐ SNF 08 ☐ Outpatient PT/SP 11 ☐ IMR

11. SNF / ICF PERIOD OF CERTIFICATION (L13)
(a) FROM ___/___/___ (b) TO: ___/___/___
(c) CANCELLATION DATE (SNF/ICF) (L14) ___/___

5. TYPE OF ACTION (L8)
1 ☐ Initial
2 ☐ Recertification
3 ☐ Reconsideration
4 ☐ Change of Ownership
5 ☐ JCAH/AOA Validation
6 ☐ JCAH/AOA Investigation

12. SUPPLEMENTAL INFORMATION ON HOSPITALS AND SNF'S NOT IN COMPLIANCE (L15)
(a) Hospital meets emergency services hospital definitions (1) ☐ Yes (2) ☐ No
(b) Facility meets 1861(e)(1) - Definition of hospital (1) ☐ Yes (2) ☐ No
(c) Facility meets 1861(j)(1) - Definition of SNF
(1) ☐ Yes (2) ☐ No (3) ☐ See attached SSA 1539 (a)

7. DATE OF APPLICATION *(Initial certifications ONLY's only)* (L9) ___/___/___

8. ACCREDITATION VERIFIED *(Hospitals)* (L10) 1 ☐ JCAH 2 ☐ AOA

CHANGE IN ACCREDITATION-BASED CERTIFICATION *(Hospitals)* (L11)
1 ☐ Gained Accreditation 2 ☐ Lost JCAH Accreditation
3 ☐ Lost AOA Accreditation

13. SUPPLEMENTAL ICF INFORMATION (L16)
(a) Completion date for ICF/LSC compliance ___/___/___
(b) 249.13 ICF Phase in Date ___/___/___

14. TOTAL OR DISTINCT PART CERTIFICATION	HOSPITALS	XVIII SNF	XVIII/XIX SNF	XIX SNF	XIX ICF	XIX IMR
BEDS CERTIFIED (L17)	(a)	(b)	(c)	(d)	(e)	(f)
BEDS PREVIOUSLY CERTIFIED (L18)	(g)	(h)	(i)	(j)	(k)	(l)

15. STATE SURVEY AGENCY REMARKS

16. SURVEYOR SIGNATURE	17. DATE (L19)	18. STATE SURVEY AGENCY APPROVAL	19. DATE (L20)
TITLE		TITLE	

TO BE COMPLETED BY THE DHEW REGIONAL OFFICE OR SINGLE STATE AGENCY

20. DETERMINATION OF ELIGIBILITY (L21)
1 ☐ Facility is eligible to participate
2 ☐ Facility is not (or no longer) eligible to participate *(If Title XIX only, complete Item No. 26)*

21. ☐ Facility is in compliance with Title VI of Civil Rights Act (L22)

22. ☐ Statement of financial solvency filed in accordance with regulation 405.603. (L23)

23. EFFECTIVE DATE OF: *(Enter All Applicable)*
(a) PARTICIPATION (L24) ___/___/___
(b) AGREEMENT ENDING DATE (SNF) (L25) ___/___/___
(c) CANCELLATION DATE (SNF) (L26) ___/___/___
(d) SNF/ICF AGREEMENT EXTENDED, UNDER SEC. 1866(e)(1)(C) OF SOCIAL SECURITY ACT UNTIL: (MAXIMUM OF 60 DAYS) (L27) ___/___/___
(e) TERMINATION OR NON-RENEWING DATE (L28) ___/___/___
(f) EMERGENCY SERVICES (L29) ___/___/___

24. VOLUNTARY TERMINATION (L30)
1 ☐ CLOSURE 2 ☐ WITHDRAWAL 3 ☐ OTHER *(Specify)*

25. INTERMEDIARY NUMBER (L31)

26. REMARKS

27. PHS REVIEW *(Where applicable)*	28. DATE (L32)	29. DETERMINATION APPROVED	30. DATE (L33)
	___/___/___		___/___/___

Form HCFA-1539 (5-79) (Formerly SSA-1539) SINGLE STATE AGENCY

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DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION
BALTIMORE, MARYLAND 21207

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

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Health and Human Services
Health Care Financing Administration
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